

Prior Authorization Statistics - 2019 - Texas

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
	2-PART NONDISP FX OF SURG NK OF L HUMER, 7THD	Rehab Provider	Approved	1		0		0
	32 WEEKS GESTATION OF PREGNANCY	Facility	Approved	1		0		0
	ACHILLES TENDINITIS, LEFT LEG	Rehab Provider	Approved	1		0		0
	ACHILLES TENDINITIS, LEFT LEG	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	ACHILLES TENDINITIS, RIGHT LEG	Rehab Provider	Approved	2		0		0
	ACHILLES TENDINITIS, RIGHT LEG	Rehab Provider	Denied	13	Services are not medically necessary	13		0
	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Other	Approved	2		0		0
	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Other	Approved	1		0		0
	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Other	Approved	1		0		0
	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
	ACUTE RESPIRATORY DISTRESS SYNDROME	Other	Approved	1		0		0
	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Other	Approved	1		0		0
	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Other	Approved	1		0		0
	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	Other	Approved	1		0		0
	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Other	Approved	1		0		0
	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Rehab Provider	Denied	10	Services are not medically necessary	10		0
	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Rehab Provider	Approved	1		0		0
	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Rehab Provider	Approved	4		0		0
	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Rehab Provider	Denied	10	Services are not medically necessary	10		0
	AGE-RELATED PHYSICAL DEBILITY	Other	Approved	1		0		0
	ALCOHOL ABUSE, UNCOMPLICATED	Other	Approved	1		0		0
	ALCOHOL DEPENDENCE WITH INTOXICATION, UNSPECIFIED	Behavioral Health Facility	Approved	1		0		0
	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	Behavioral Health Facility	Approved	4		0		0
	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	Other	Approved	1		0		0
	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility	Approved	62		0		0
	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
	ALCOHOL DEPENDENCE, UNCOMPLICATED	Other	Approved	21		0		0
	ALCOHOL DEPENDENCE, UNCOMPLICATED	Other	Denied	2	Services are not medically necessary	2		0
	AMYOTROPHIC LATERAL SCLEROSIS	Rehab Provider	Approved	1		0		0
	ANKYLOSING SPONDYLITIS LUMBAR REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Behavioral Health Facility	Approved	4		0		0
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Other	Approved	2		0		0
	ANOREXIA NERVOSA, RESTRICTING TYPE	Behavioral Health Facility	Approved	1		0		0

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	ANTERIOR DISLOCATION OF LEFT HUMERUS, INITIAL ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	ANTERIOR DISLOCATION OF LEFT HUMERUS, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ANTERIOR SOFT TISSUE IMPINGEMENT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	ARTHRALGIA OF LEFT TEMPOROMANDIBULAR JOINT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ARTHRODESIS STATUS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ATAXIC CEREBRAL PALSY	Rehab Provider	Approved	2		0		0
	ATAXIC CEREBRAL PALSY	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	Other	Approved	2		0		0
	Atherosclerotic heart disease of native coronary artery without angina pectoris	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Denied	1	Services are not medically necessary	1		0
	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Health Facility	Approved	1		0		0
	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	AUTISTIC DISORDER	Behavioral Health Provider	Approved	47		0		0
	AUTISTIC DISORDER	Behavioral Health Provider	Denied	2	Services are not medically necessary	2		0
	AUTISTIC DISORDER	Rehab Provider	Approved	28		0		0
	AUTISTIC DISORDER	Rehab Provider	Denied	43	Services are not medically necessary	43		0
	BELL'S PALSY	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	BENIGN NEOPLASM OF LARYNX	Physician		0		0	Approved	1
	BENIGN PAROXYSMAL VERTIGO, BILATERAL	Rehab Provider	Approved	1		0		0
	BENIGN PAROXYSMAL VERTIGO, BILATERAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	BENNETT'S FRACTURE, RIGHT HAND, SUBS FOR FX W ROUNTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	BICIPITAL TENDINITIS, LEFT SHOULDER	Rehab Provider	Approved	3		0		0
	BICIPITAL TENDINITIS, LEFT SHOULDER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	BICIPITAL TENDINITIS, RIGHT SHOULDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rehab Provider	Approved	1		0		0
	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rehab Provider	Denied	13	Services are not medically necessary	13		0
	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	Chiropractor	Denied	1	Services are not medically necessary	1		0
	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	Rehab Provider	Approved	1		0		0
	BINGE EATING DISORDER	Behavioral Health Facility	Approved	1		0		0
	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES	Behavioral Health Facility	Approved	4		0		0
	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility	Approved	15		0		0
	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC	Behavioral Health Facility	Approved	1		0		0
	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	Behavioral Health Facility	Approved	5		0		0

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	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, MILD	Behavioral Health Facility	Approved	1		0		0
	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, MODERATE	Behavioral Health Facility	Approved	1		0		0
	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, SEVERE	Behavioral Health Facility	Approved	2		0		0
	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility	Approved	2		0		0
	BIPOLAR DISORDER, UNSPECIFIED	Behavioral Health Facility	Approved	4		0		0
	BRACHIAL PLEXUS DISORDERS	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM	Facility	Denied	1	Services are not medically necessary	1		0
	BUCKET-HNDL TEAR OF LAT MENS, CURRENT INJURY, R KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	BUCKET-HNDL TEAR OF MEDIAL MENS, CRNT INJURY, L KNEE, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	BULIMIA NERVOSA	Behavioral Health Facility	Approved	4		0		0
	BULIMIA NERVOSA	Other	Approved	1		0		0
	BUNION OF LEFT FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	BUNION OF RIGHT FOOT	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	BURNS OF 30-39% OF BODY SURFACE W 10-19% THIRD DEGREE BURNS	Other	Approved	1		0		0
	BURSITIS OF LEFT SHOULDER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	BURSITIS OF RIGHT SHOULDER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	CALCIFIC TENDINITIS OF RIGHT SHOULDER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CALCIFIC TENDINITIS, OTHER SITE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CANNABIS DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility	Approved	8		0		0
	CANNABIS DEPENDENCE, UNCOMPLICATED	Behavioral Health Provider	Denied	1	Services are not medically necessary	1		0
	CARDIAC TAMPONADE	Other	Approved	1		0		0
	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Rehab Provider	Approved	1		0		0
	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Rehab Provider	Approved	1		0		0
	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CARRIER OR SUSPECTED CARRIER OF METHICILLIN SUSCEP STAPH	Other	Approved	1		0		0
	CEREB INFRC DUE TO UNSP OCCLS OR STENOSIS OF UNSP VERTEB ART	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
	CEREBRAL INFARCTION, UNSPECIFIED	Other	Approved	8		0		0
	CEREBRAL INFARCTION, UNSPECIFIED	Rehab Provider	Approved	2		0		0
	CEREBRAL INFARCTION, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CEREBRAL PALSY, UNSPECIFIED	Rehab Provider	Approved	3		0		0
	CEREBRAL PALSY, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CEREBROVASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
	CERV DISC DISORDER W RADICULOPATHY, HIGH CERVICAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	CERV DISC DISORDER W RADICULOPATHY, HIGH CERVICAL REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Chiropractor	Denied	1	Services are not medically necessary	1		0

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	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	Chiropractor	Denied	4	Services are not medically necessary	4		0
	CERVICAL DISC DISORDER W RADICULOPATHY, CERVICOTHOR REGION	Chiropractor	Approved	1		0		0
	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Rehab Provider	Approved	1		0		0
	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CERVICALGIA	Chiropractor	Approved	4		0		0
	CERVICALGIA	Chiropractor	Denied	12	Services are not medically necessary	12		0
	CERVICALGIA	Rehab Provider	Approved	26		0		0
	CERVICALGIA	Rehab Provider	Denied	165	Services are not medically necessary	165		0
	CERVICOBRACHIAL SYNDROME	Chiropractor	Approved	3		0		0
	CERVICOBRACHIAL SYNDROME	Chiropractor	Denied	8	Services are not medically necessary	8		0
	CERVICOBRACHIAL SYNDROME	Rehab Provider	Approved	1		0		0
	CERVICOBRACHIAL SYNDROME	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CERVICOCRANIAL SYNDROME	Chiropractor	Approved	1		0		0
	CERVICOCRANIAL SYNDROME	Chiropractor	Denied	3	Services are not medically necessary	3		0
	CHEST PAIN, UNSPECIFIED	Emergency Medicine		0		0	Approved	1
	CHONDROCALCINUM DEPOSIT SYNDROME [TIETZE]	Rehab Provider	Approved	1		0		0
	CHONDROMALACIA PATELLAE, LEFT KNEE	Rehab Provider	Approved	1		0		0
	CHONDROMALACIA PATELLAE, LEFT KNEE	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	CHONDROMALACIA PATELLAE, RIGHT KNEE	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	CHONDROMALACIA, RIGHT KNEE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CHRONIC PAIN SYNDROME	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	CHRONIC TOTAL OCCLUSION OF CORONARY ARTERY	Other	Approved	1		0		0
	COCAINE DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility	Approved	4		0		0
	COCAINE DEPENDENCE, UNCOMPLICATED	Other	Approved	1		0		0
	COLLES' FRACTURE OF R RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	COLLES' FX LEFT RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	COLLES' FX LEFT RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Rehab Provider	Approved	2		0		0
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF UNSP SHOULDER, NOT TRAUMA	Rehab Provider	Approved	1		0		0
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF UNSP SHOULDER, NOT TRAUMA	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, L LOW LEG, SUBS	Rehab Provider	Approved	1		0		0
	COMPLETE TRAUMATIC AMPUTATION OF R LOW LEG, LEVEL UNSP, INIT	Other	Approved	1		0		0
	COMPLEX TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	COMPLEX TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider	Approved	1		0		0

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	COMPLEX TEAR OF LAT MENS, CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	COMPLEX TEAR OF LAT MENS, CURRENT INJURY, RIGHT KNEE, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, R KNEE, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, R KNEE, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SUBS ENCNR	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	CONDUCT DISORDER CONFINED TO FAMILY CONTEXT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CONGENITAL DEFORMITY OF STERNOCLEIDOMASTOID MUSCLE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	CONGENITAL HYPOTONIA	Rehab Provider	Approved	1		0		0
	CONTRACTURE, LEFT KNEE	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	CONTRACTURE, LEFT WRIST	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CONTRACTURE, RIGHT ELBOW	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CONTUSION OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CONTUSION OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	CONTUSION OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CRITICAL ILLNESS MYOPATHY	Facility	Approved	1		0		0
	CRITICAL ILLNESS MYOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
	CRITICAL ILLNESS MYOPATHY	Other	Approved	2		0		0
	CRUSHING INJURY OF UNSPECIFIED HAND, INITIAL ENCOUNTER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	DEEP DYSPAREUNIA	Rehab Provider	Approved	1		0		0
	DELAYED MILESTONE IN CHILDHOOD	Rehab Provider	Approved	14		0		0
	DELAYED MILESTONE IN CHILDHOOD	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	DERANG OF MEDIAL MENISCUS DUE TO OLD TEAR/INJ, LEFT KNEE	Rehab Provider	Approved	1		0		0
	DERANG OF MEDIAL MENISCUS DUE TO OLD TEAR/INJ, LEFT KNEE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DERANG OF POST HORN OF MEDIAL MENS D/T OLD TEAR/INJ, R KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DERANGEMENT OF UNSP LAT MENS DUE TO OLD TEAR/INJ, LEFT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS, UNSPECIFIED	Rehab Provider	Approved	1		0		0
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	1		0		0
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	13	Services are not medically necessary	13		0
	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Rehab Provider	Approved	2		0		0
	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	DISCITIS, UNSPECIFIED, CERVICAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	DISCITIS, UNSPECIFIED, CERVICOTHORACIC REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	DISLOCATION OF TARSO METATARSAL JOINT OF LEFT FOOT, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	DISORDER OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	Rehab Provider	Approved	1		0		0
	DISORDER OF THE AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF 2ND METATARSAL BONE, L FT, 7THD	Rehab Provider	Approved	1		0		0
	DISP FX OF BASE OF 3RD MC BONE, L HAND, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF BASE OF 4TH MC BONE, R HAND, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF DIST PHALANX OF R IDX FNGR, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF HEAD OF LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	DISP FX OF L RADIAL STYLOID PRO, 7THD	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DISP FX OF L ULNA STYLOID PRO, SUBS FOR CLOS FX W NONUNION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF LATERAL CONDYLE OF LEFT FEMUR, INIT FOR CLOS FX	Other	Denied	1	Services are not medically necessary	1		0
	DISP FX OF LEFT TIBIAL SPINE, INIT FOR CLOS FX	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF MED EPICONDYL OF L HUMER, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF MED PHALANX OF L LIT FNGR, 7THD	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DISP FX OF MED PHALANX OF R LIT FNGR, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF MEDIAL MALLEOLUS OF RIGHT TIBIA, INIT FOR CLOS FX	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	DISP FX OF NECK OF FIFTH METACARPAL BONE, RIGHT HAND, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF PROX PHALANX OF R MID FNGR, 7THD	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DISPL BICONDYLAR FX R TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	DISPL BICONDYLAR FX R TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISPL BIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	DISPL OBLIQUE FX SHAFT OF R FEMR, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISPL OBLIQUE FX SHAFT OF R RAD, 7THD	Rehab Provider	Approved	1		0		0
	DISPL SPIRAL FX SHAFT OF HUMER, R ARM, 7THD	Rehab Provider	Approved	1		0		0
	DISPL TRANSVERSE FX L PATELLA, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THD	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DISPL TRANSVERSE FX SHAFT OF R FEMR, 7THD	Rehab Provider	Approved	1		0		0
	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISPLACED PILON FX LEFT TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	2		0		0
	DISPLACED PILON FX LEFT TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF LEFT FEMUR, INIT	Other	Approved	1		0		0
	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF LEFT ULNA, INIT	Rehab Provider	Approved	1		0		0
	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF LEFT ULNA, INIT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Other	Approved	1		0		0

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	DISRUPTIVE MOOD DYSREGULATION DISORDER	Behavioral Health Facility	Approved	9		0		0
	DIZZINESS AND GIDDINESS	Rehab Provider	Approved	3		0		0
	DIZZINESS AND GIDDINESS	Rehab Provider	Denied	11	Services are not medically necessary	11		0
	DORSALGIA, UNSPECIFIED	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	Down syndrome, unspecified	Emergency Medicine		0		0	Approved	1
	DOWN SYNDROME, UNSPECIFIED	Rehab Provider	Approved	3		0		0
	DOWN SYNDROME, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DYSLEXIA AND ALEXIA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DYSLEXIA AND OTH SYMBOLIC DYSFUNCTIONS, NEC	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DYSPHAGIA, OROPHARYNGEAL PHASE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	EFFUSION, LEFT KNEE	Rehab Provider	Approved	1		0		0
	EFFUSION, LEFT KNEE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	EFFUSION, RIGHT KNEE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	EHLERS-DANLOS SYNDROME	Rehab Provider	Approved	2		0		0
	EHLERS-DANLOS SYNDROME	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	ENCEPHALOPATHY, UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
	ENCOUNTER FOR CHANGE OR REMOVAL OF NONSURG WOUND DRESSING	Other	Denied	1	Services are not medically necessary	1		0
	ENCOUNTER FOR OCCUPATIONAL THERAPY	Rehab Provider	Approved	1		0		0
	ENCOUNTER FOR OCCUPATIONAL THERAPY	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ENCOUNTER FOR ORTH AFTERCARE FOLLOWING SCOLIOSIS SURGERY	Rehab Provider	Approved	1		0		0
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	Approved	4		0		0
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	Denied	19	Services are not medically necessary	19		0
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Rehab Provider	Approved	3		0		0
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Rehab Provider	Denied	19	Services are not medically necessary	19		0
	ENTHESOPATHY, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Rehab Provider	Approved	2		0		0
	EPISODIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	Chiropractor	Approved	2		0		0
	FECAL URGENCY	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	FEEDING DIFFICULTIES	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	FIBROMYALGIA	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	FOOT DROP, RIGHT FOOT	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	FRACTURE OF NECK, UNSPECIFIED, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	FRACTURE OF TOOTH (TRAUMATIC), INITIAL ENCOUNTER FOR OPEN FRACTURE	Emergency Medicine		0		0	Approved	1
	FREQUENCY OF MICTURITION	Rehab Provider	Approved	1		0		0
	FREQUENCY OF MICTURITION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	FUSED TOES, UNSPECIFIED FOOT	Rehab Provider	Approved	1		0		0
	FUSION OF SPINE, CERVICAL REGION	Rehab Provider	Approved	2		0		0
	FUSION OF SPINE, CERVICAL REGION	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	FUSION OF SPINE, LUMBAR REGION	Rehab Provider	Approved	2		0		0
	FUSION OF SPINE, LUMBAR REGION	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	FX UNSP METATARSAL BONE(S), R FOOT, SUBS FOR FX W ROUTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	GENERALIZED ANXIETY DISORDER	Behavioral Health Facility	Approved	1		0		0
	GENERALIZED ANXIETY DISORDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	GLUTEAL TENDINITIS, LEFT HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	GLUTEAL TENDINITIS, RIGHT HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	GUILLAIN-BARRE SYNDROME	Other	Approved	2		0		0
	HALLUX VALGUS (ACQUIRED), LEFT FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	Rehab Provider	Approved	1		0		0
	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	HEADACHE	Chiropractor	Denied	2	Services are not medically necessary	2		0
	HEADACHE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
	HEMARTHROSIS, RIGHT FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	HEMIPPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	Other	Approved	1		0		0
	HEREDITARY LYMPHEDEMA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Rehab Provider	Approved	4		0		0
	ILIOTIBIAL BAND SYNDROME, LEFT LEG	Rehab Provider	Approved	2		0		0
	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	Rehab Provider	Approved	1		0		0
	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	ILIOTIBIAL BAND SYNDROME, UNSPECIFIED LEG	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	ILLNESS, UNSPECIFIED	Other	Approved	1		0		0
	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Rehab Provider	Approved	2		0		0
	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Rehab Provider	Approved	5		0		0
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Rehab Provider	Denied	28	Services are not medically necessary	28		0
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR NOT SPECIFIED AS TRAUMATIC	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF L SHOULDER, NOT TRAUMA	Rehab Provider	Approved	1		0		0
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF L SHOULDER, NOT TRAUMA	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Rehab Provider	Denied	17	Services are not medically necessary	17		0
	INFECTION OF TRACHEOSTOMY STOMA	Other	Approved	1		0		0
	INJ MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	INJURY OF DIGITAL NERVE OF LEFT MIDDLE FINGER, INIT ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	INJURY OF DIGITAL NERVE OF UNSPECIFIED FINGER, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	INJURY OF NERVE ROOT OF CERVICAL SPINE, INITIAL ENCOUNTER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	INSTABILITY OF INTERNAL LEFT KNEE PROSTHESIS, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	INTERCOSTAL PAIN	Chiropractor	Approved	1		0		0
	INTERCOSTAL PAIN	Chiropractor	Denied	2	Services are not medically necessary	2		0
	INTERCOSTAL PAIN	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Rehab Provider	Approved	1		0		0
	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Rehab Provider	Denied	13	Services are not medically necessary	13		0
	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Rehab Provider	Approved	1		0		0

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	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider	Denied	14	Services are not medically necessary	14		0
	JAW PAIN	Chiropractor	Denied	1	Services are not medically necessary	1		0
	JAW PAIN	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	JUVENILE OSTEOCHONDROSIS OF HEAD OF FEMUR, RIGHT LEG	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	JUVENILE OSTEOCHONDROSIS OF RADIUS AND ULNA, RIGHT ARM	Rehab Provider	Approved	1		0		0
	KISSING SPINE, CERVICAL REGION	Rehab Provider	Approved	1		0		0
	KLINFELTER SYNDROME, MALE WITH MORE THAN TWO X CHROMOSOMES	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	KLINFELTER SYNDROME, UNSPECIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	LACERAT EXTN MUSC/FASC/TEND L LITTLE FNGR AT FORARM LV, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LACERAT FLEXOR MUSC/FASC/TEND R IDX FNGR AT WRSHND LV, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LACERAT FLEXOR MUSC/FASC/TEND R MID FNGR AT WRSHND LV, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	LACERAT LONG FLEXOR MUSC/FASC/TEND R THM AT WRSHND LV, SUBS	Rehab Provider	Approved	1		0		0
	LACERAT LONG FLEXOR MUSC/FASC/TEND R THM AT WRSHND LV, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	LACERATION OF LEFT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	LACERATION OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	LACERATION OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	LACERATION OF RIGHT QUADRICEPS MUSC/FASC/TEND, SUBS	Rehab Provider	Approved	1		0		0
	LACERATION OF RIGHT QUADRICEPS MUSC/FASC/TEND, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	LACERATION WITH FOREIGN BODY OF LEFT HAND, SUBS ENCNR	Rehab Provider	Approved	1		0		0
	LACERATION WITH FOREIGN BODY OF LEFT HAND, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LATERAL EPICONDYLITIS, LEFT ELBOW	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	LATERAL EPICONDYLITIS, RIGHT ELBOW	Rehab Provider	Approved	3		0		0
	LATERAL EPICONDYLITIS, RIGHT ELBOW	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	LATERAL SUBLUXATION OF LEFT PATELLA, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	LATERAL SUBLUXATION OF LEFT PATELLA, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	LESION OF ULNAR NERVE, LEFT UPPER LIMB	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LOW BACK PAIN	Chiropractor	Approved	7		0		0
	LOW BACK PAIN	Chiropractor	Denied	25	Services are not medically necessary	25		0
	LOW BACK PAIN	Rehab Provider	Approved	32		0		0
	LOW BACK PAIN	Rehab Provider	Denied	236	Services are not medically necessary	236		0
	LUMBAGO WITH SCIATICA, LEFT SIDE	Chiropractor	Approved	3		0		0
	LUMBAGO WITH SCIATICA, LEFT SIDE	Chiropractor	Denied	5	Services are not medically necessary	5		0
	LUMBAGO WITH SCIATICA, LEFT SIDE	Rehab Provider	Approved	1		0		0
	LUMBAGO WITH SCIATICA, LEFT SIDE	Rehab Provider	Denied	14	Services are not medically necessary	14		0
	LUMBAGO WITH SCIATICA, RIGHT SIDE	Chiropractor	Approved	3		0		0

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	LUMBAGO WITH SCIATICA, RIGHT SIDE	Chiropractor	Denied	7	Services are not medically necessary	7		0
	LUMBAGO WITH SCIATICA, RIGHT SIDE	Rehab Provider	Approved	2		0		0
	LUMBAGO WITH SCIATICA, RIGHT SIDE	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility	Approved	110		0		0
	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Provider	Approved	2		0		0
	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Provider	Denied	1	Services are not medically necessary	1		0
	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Health Facility	Approved	1		0		0
	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	Behavioral Health Facility	Approved	17		0		0
	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	Behavioral Health Provider	Denied	1	Services are not medically necessary	1		0
	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Behavioral Health Facility	Approved	1		0		0
	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES	Behavioral Health Facility	Approved	2		0		0
	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility	Approved	25		0		0
	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Behavioral Health Facility	Approved	9		0		0
	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Other	Approved	1		0		0
	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Other	Approved	2		0		0
	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Other	Denied	1	Services are not medically necessary	1		0
	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	Other	Approved	1		0		0
	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Rehab Provider	Approved	1		0		0
	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	1		0		0
	MALIGNANT NEOPLASM OF ENDOMETRIUM	Other	Approved	1		0		0
	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSP FEMALE BREAST	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Malignant neoplasm of prostate	Emergency Medicine		0		0	Approved	1
	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	2		0		0
	Malignant neoplasm of prostate	Surgery, Orthopedic		0		0	Denied	1
	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Other	Approved	1		0		0
	MALLET FINGER OF LEFT FINGER(S)	Rehab Provider	Approved	1		0		0
	MALLET FINGER OF LEFT FINGER(S)	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	MALLET FINGER OF RIGHT FINGER(S)	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	MEDIAL EPICONDYLITIS, LEFT ELBOW	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	MEDIAL EPICONDYLITIS, RIGHT ELBOW	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	METABOLIC ENCEPHALOPATHY	Other	Approved	1		0		0
	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	Rehab Provider	Approved	1		0		0
	MULT FX OF PELVIS W UNSTABLE DISRUPT OF PELVIC RING, SEQUELA	Rehab Provider	Denied	2	Services are not medically necessary	2		0

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	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
	MULTIPLE SCLEROSIS	Rehab Provider	Approved	1		0		0
	MUSCLE SPASM OF BACK	Chiropractor	Denied	2	Services are not medically necessary	2		0
	MUSCLE SPASM OF BACK	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	MUSCLE SPASM OF CALF	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	MUSCLE WASTING AND ATROPHY, NEC, LEFT HAND	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	MUSCLE WASTING AND ATROPHY, NEC, LEFT THIGH	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	MUSCLE WASTING AND ATROPHY, NEC, RIGHT HAND	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	Approved	16		0		0
	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	Denied	53	Services are not medically necessary	53		0
	MUSCULAR DYSTROPHY, UNSPECIFIED	Other	Approved	1		0		0
	MYALGIA OF AUXILIARY MUSCLES, HEAD AND NECK	Chiropractor	Approved	1		0		0
	MYALGIA, OTHER SITE	Chiropractor	Approved	1		0		0
	MYALGIA, OTHER SITE	Rehab Provider	Approved	1		0		0
	MYOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT THIGH	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NEURALGIA AND NEURITIS, UNSPECIFIED	Chiropractor	Denied	1	Services are not medically necessary	1		0
	NEURALGIC AMYOTROPHY	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP AVULSION FX RIGHT ISCHIUM, SUBS FOR FX W ROUTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	NONDISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W ROUTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP FX OF BODY OF SCAPULA, L SHLDR, 7THD	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	NONDISP FX OF DISTAL POLE OF NAVICULAR BONE OF R WRIST, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP FX OF FOURTH METATARSAL BONE, LEFT FOOT, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP FX OF GREATER TUBEROSITY OF R HUMER, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP FX OF LATERAL MALLEOLUS OF LEFT FIBULA, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONDISP FX OF NECK OF R RAD, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	2		0		0
	NONDISP FX OF PROX PHALANX OF L RNG FNGR, 7THD	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	NONDISP FX OF PROX PHALANX OF R RNG FNGR, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	NONRHEUMATIC TRICUSPID VALVE DISORDER, UNSPECIFIED	Other	Approved	1		0		0
	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR	Other	Approved	1		0		0
	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Other	Approved	1		0		0
	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	Other	Approved	2		0		0
	OPIOID DEPENDENCE WITH INTOXICATION, UNSPECIFIED	Behavioral Health Facility	Approved	1		0		0
	OPIOID DEPENDENCE WITH WITHDRAWAL	Behavioral Health Facility	Approved	5		0		0

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	OPIOID DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility	Approved	12		0		0
	OPIOID DEPENDENCE, UNCOMPLICATED	Other	Approved	8		0		0
	OPPOSITIONAL DEFIANT DISORDER	Behavioral Health Facility	Approved	1		0		0
	OPPOSITIONAL DEFIANT DISORDER	Other	Approved	1		0		0
	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OSTEOCHONDritis DISSECANS, LEFT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OSTEOGENESIS IMPERFECTA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH DISP FX OF UPPER END OF LEFT HUMERUS, INIT FOR CLOS FX	Facility	Denied	1	Services are not medically necessary	1		0
	OTH ENTHESOPATHIES OF UNSPECIFIED LOWER LIMB, EXCLUDING FOOT	Rehab Provider	Approved	2		0		0
	OTH ENTHESOPATHIES OF UNSPECIFIED LOWER LIMB, EXCLUDING FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH FRACTURE OF RIGHT FEMUR, INIT ENCNR FOR CLOSED FRACTURE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH FX OF LOWER END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	OTH FX UPR & LOW END L FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W MALUNION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Approved	1		0		0
	OTH INTARTIC FX LOW END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTH MENISCUS DERANGEMENTS, OTH LATERAL MENISCUS, RIGHT KNEE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NEC	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NEC	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE	Rehab Provider	Approved	1		0		0
	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTH TEAR OF LAT MENSCL, CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, SUBS	Rehab Provider	Approved	1		0		0
	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTH TEAR OF LAT MENSCL, CURRENT INJURY, UNSP KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	OTH TEAR OF UNSP MENISCUS, CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Other	Approved	1		0		0
	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider	Approved	1		0		0
	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider	Denied	13	Services are not medically necessary	13		0
	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER AND UNSPECIFIED BIPOLAR DISORDERS	Behavioral Health Facility	Approved	1		0		0
	OTHER BURSITIS OF HIP, RIGHT HIP	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	OTHER BURSITIS OF KNEE, RIGHT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER CEREB INFRC DUE TO OCCLS OR STENOSIS OF SMALL ARTERY	Other	Approved	1		0		0
	OTHER CEREBRAL PALSY	Rehab Provider	Approved	1		0		0
	OTHER CEREBRAL PALSY	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER CEREBROVASCULAR DISEASE	Other	Approved	1		0		0
	OTHER CERV DISC DEGENERATION, MID-CERVICAL RGN, UNSP LEVEL	Chiropractor	Denied	2	Services are not medically necessary	2		0
	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	Chiropractor	Approved	1		0		0
	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	Chiropractor	Denied	2	Services are not medically necessary	2		0
	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	Chiropractor	Denied	5	Services are not medically necessary	5		0
	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	OTHER CERVICAL DISC DISORDERS, CERVICOTHORACIC REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER CERVICAL DISC DISPLACEMENT, CERVICOTHORACIC REGION	Chiropractor	Approved	1		0		0
	OTHER CERVICAL DISC DISPLACEMENT, CERVICOTHORACIC REGION	Chiropractor	Denied	4	Services are not medically necessary	4		0
	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Rehab Provider	Approved	1		0		0
	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Rehab Provider	Denied	11	Services are not medically necessary	11		0
	OTHER CHRONIC PAIN	Rehab Provider	Approved	3		0		0
	OTHER CHRONIC PAIN	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	OTHER CONGENITAL DEFORMITIES OF SKULL, FACE AND JAW	Rehab Provider	Approved	3		0		0
	OTHER CORD COMPRESSION	Other	Approved	1		0		0
	OTHER DEFORMITIES OF TOE(S) (ACQUIRED), UNSPECIFIED FOOT	Rehab Provider	Approved	1		0		0
	OTHER DERANGEMENTS OF PATELLA, UNSPECIFIED KNEE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER DISLOCATION OF LEFT ULNOHUMERAL JOINT, INIT ENCNTR	Rehab Provider	Approved	1		0		0
	OTHER DISORDERS OF CONTINUITY OF BONE, RIGHT HAND	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER DISORDERS OF PATELLA, LEFT KNEE	Rehab Provider	Approved	1		0		0
	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Rehab Provider	Approved	2		0		0

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	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	OTHER ENCEPHALOPATHY	Rehab Provider	Approved	2		0		0
	OTHER ENCEPHALOPATHY	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	Other enthesopathy of left foot and ankle	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER FRACTURE OF HEAD AND NECK OF LEFT FEMUR, SEQUELA	Rehab Provider	Approved	1		0		0
	OTHER FRACTURE OF HEAD AND NECK OF LEFT FEMUR, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER HEADACHE SYNDROME	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	Other	Approved	2		0		0
	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Chiropractor	Denied	2	Services are not medically necessary	2		0
	OTHER INSTABILITY, LEFT ANKLE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER INSTABILITY, LEFT SHOULDER	Rehab Provider	Approved	1		0		0
	OTHER INSTABILITY, LEFT SHOULDER	Rehab Provider	Denied	11	Services are not medically necessary	11		0
	OTHER INSTABILITY, RIGHT SHOULDER	Rehab Provider	Approved	2		0		0
	OTHER INSTABILITY, RIGHT SHOULDER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER INSTABILITY, RIGHT WRIST	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Chiropractor	Approved	2		0		0
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Chiropractor	Denied	14	Services are not medically necessary	14		0
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Rehab Provider	Approved	5		0		0
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Rehab Provider	Denied	29	Services are not medically necessary	29		0
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Chiropractor	Denied	10	Services are not medically necessary	10		0
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Chiropractor	Denied	5	Services are not medically necessary	5		0
	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Rehab Provider	Approved	1		0		0
	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Rehab Provider	Denied	13	Services are not medically necessary	13		0
	OTHER LACK OF COORDINATION	Rehab Provider	Approved	8		0		0
	OTHER LACK OF COORDINATION	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	OTHER MALAISE	Facility	Denied	1	Services are not medically necessary	1		0
	OTHER MALAISE	Other	Approved	2		0		0
	OTHER MENISCUS DERANGEMENTS, UNSP MEDIAL MENISCUS, LEFT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER MUSCLE SPASM	Rehab Provider	Approved	1		0		0
	OTHER MUSCLE SPASM	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	OTHER MYOSITIS, RIGHT ANKLE AND FOOT	Rehab Provider	Approved	1		0		0
	OTHER OSTEOMYELITIS, OTHER SITE	Other	Approved	1		0		0

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	OTHER PERIPHERAL VERTIGO, LEFT EAR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER PERIPHERAL VERTIGO, RIGHT EAR	Rehab Provider	Approved	1		0		0
	OTHER PERIPHERAL VERTIGO, RIGHT EAR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER PERIPHERAL VERTIGO, UNSPECIFIED EAR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SECONDARY KYPHOSIS, CERVICOTHORACIC REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER SHOULDER LESIONS, LEFT SHOULDER	Rehab Provider	Approved	1		0		0
	OTHER SHOULDER LESIONS, LEFT SHOULDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SHOULDER LESIONS, RIGHT SHOULDER	Other	Approved	1		0		0
	OTHER SHOULDER LESIONS, RIGHT SHOULDER	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED ACQUIRED DEFORMITIES OF UNSPECIFIED LIMB	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED ACQUIRED DEFORMITIES OF UNSPECIFIED LIMB	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTHER SPECIFIED ARTHRITIS, RIGHT HAND	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT KNEE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTHER SPECIFIED DORSOPATHIES, CERVICOTHORACIC REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION	Chiropractor	Approved	1		0		0
	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION	Chiropractor	Denied	2	Services are not medically necessary	2		0
	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED INJURIES OF LEFT LOWER LEG, SUBS ENCNR	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	OTHER SPECIFIED INJURIES OF RIGHT LOWER LEG, SUBS ENCNR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER SPECIFIED JOINT DISORDERS, LEFT ANKLE AND FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	OTHER SPECIFIED JOINT DISORDERS, LEFT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	Other	Approved	1		0		0
	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED MONONEUROPATHIES OF UNSPECIFIED UPPER LIMB	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED MONONEUROPATHIES OF UNSPECIFIED UPPER LIMB	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED MYOPATHIES	Facility	Approved	1		0		0
	OTHER SPECIFIED PERSISTENT MOOD DISORDERS	Behavioral Health Facility	Approved	1		0		0
	OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider	Denied	13	Services are not medically necessary	13		0
	OTHER SPECIFIED SPONDYLOPATHIES, LUMBAR REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED SPRAIN OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED TRISOMIES AND PARTIAL TRISOMIES OF AUTOSOMES	Rehab Provider	Approved	4		0		0

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	OTHER SPECIFIED TRISOMIES AND PARTIAL TRISOMIES OF AUTOSOMES	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Rehab Provider	Approved	1		0		0
	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Chiropractor	Approved	1		0		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Rehab Provider	Approved	2		0		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Chiropractor	Approved	1		0		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Chiropractor	Denied	4	Services are not medically necessary	4		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPONDYLOSIS, CERVICAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER SPONDYLOSIS, CERVICAL REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER SPONDYLOSIS, LUMBAR REGION	Chiropractor	Approved	3		0		0
	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	Rehab Provider	Approved	1		0		0
	OTHER SPONDYLOSIS, THORACOLUMBAR REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	OTHER SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPRAIN OF LEFT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	OTHER SPRAIN OF RIGHT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility	Approved	9		0		0
	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Other	Approved	2		0		0
	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Rehab Provider	Approved	3		0		0
	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT ANKLE AND FOOT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT HAND	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OUTLET DYSFUNCTION CONSTIPATION	Rehab Provider	Approved	1		0		0
	OVERACTIVE BLADDER	Rehab Provider	Approved	1		0		0
	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN JOINTS OF LEFT HAND	Rehab Provider	Approved	1		0		0
	PAIN IN JOINTS OF RIGHT HAND	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider	Approved	2		0		0

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	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider	Denied	32	Services are not medically necessary	32		0
	PAIN IN LEFT ARM	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN LEFT ELBOW	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	PAIN IN LEFT FOOT	Rehab Provider	Denied	14	Services are not medically necessary	14		0
	PAIN IN LEFT FOREARM	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN LEFT HIP	Rehab Provider	Approved	5		0		0
	PAIN IN LEFT HIP	Rehab Provider	Denied	32	Services are not medically necessary	32		0
	PAIN IN LEFT KNEE	Rehab Provider	Approved	24		0		0
	PAIN IN LEFT KNEE	Rehab Provider	Denied	140	Services are not medically necessary	140		0
	PAIN IN LEFT SHOULDER	Chiropractor	Approved	1		0		0
	PAIN IN LEFT SHOULDER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PAIN IN LEFT SHOULDER	Rehab Provider	Approved	21		0		0
	PAIN IN LEFT SHOULDER	Rehab Provider	Denied	94	Services are not medically necessary	94		0
	PAIN IN LEFT THIGH	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	PAIN IN LEFT UPPER ARM	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN LEFT WRIST	Rehab Provider	Approved	1		0		0
	PAIN IN LEFT WRIST	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	PAIN IN LEG, UNSPECIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider	Approved	11		0		0
	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider	Denied	45	Services are not medically necessary	45		0
	PAIN IN RIGHT ARM	Rehab Provider	Approved	1		0		0
	PAIN IN RIGHT ARM	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PAIN IN RIGHT ELBOW	Rehab Provider	Approved	5		0		0
	PAIN IN RIGHT ELBOW	Rehab Provider	Denied	21	Services are not medically necessary	21		0
	PAIN IN RIGHT FOOT	Rehab Provider	Approved	3		0		0
	PAIN IN RIGHT FOOT	Rehab Provider	Denied	15	Services are not medically necessary	15		0
	PAIN IN RIGHT HIP	Chiropractor	Denied	2	Services are not medically necessary	2		0
	PAIN IN RIGHT HIP	Rehab Provider	Approved	1		0		0
	PAIN IN RIGHT HIP	Rehab Provider	Denied	38	Services are not medically necessary	38		0
	PAIN IN RIGHT KNEE	Rehab Provider	Approved	24		0		0
	PAIN IN RIGHT KNEE	Rehab Provider	Denied	114	Services are not medically necessary	114		0
	PAIN IN RIGHT LEG	Rehab Provider	Approved	2		0		0
	PAIN IN RIGHT LEG	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	PAIN IN RIGHT LOWER LEG	Rehab Provider	Approved	2		0		0
	PAIN IN RIGHT LOWER LEG	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PAIN IN RIGHT SHOULDER	Chiropractor	Denied	3	Services are not medically necessary	3		0
	PAIN IN RIGHT SHOULDER	Rehab Provider	Approved	25		0		0
	PAIN IN RIGHT SHOULDER	Rehab Provider	Denied	139	Services are not medically necessary	139		0
	PAIN IN RIGHT THIGH	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN RIGHT WRIST	Rehab Provider	Approved	1		0		0
	PAIN IN RIGHT WRIST	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	PAIN IN THORACIC SPINE	Chiropractor	Approved	4		0		0
	PAIN IN THORACIC SPINE	Chiropractor	Denied	6	Services are not medically necessary	6		0
	PAIN IN THORACIC SPINE	Rehab Provider	Approved	2		0		0
	PAIN IN THORACIC SPINE	Rehab Provider	Denied	31	Services are not medically necessary	31		0
	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PAIN IN UNSPECIFIED HIP	Chiropractor	Denied	4	Services are not medically necessary	4		0
	PAIN IN UNSPECIFIED HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN UNSPECIFIED JOINT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN UNSPECIFIED KNEE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PAIN IN UNSPECIFIED KNEE	Rehab Provider	Approved	3		0		0
	PAIN IN UNSPECIFIED KNEE	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	PAIN IN UNSPECIFIED LOWER LEG	Rehab Provider	Approved	1		0		0
	PAIN IN UNSPECIFIED SHOULDER	Chiropractor	Approved	2		0		0

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	PAIN IN UNSPECIFIED SHOULDER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PAIN IN UNSPECIFIED SHOULDER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PANNICULITIS AFFECTING REGIONS OF NECK/BK, LUMBAR REGION	Chiropractor	Denied	7	Services are not medically necessary	7		0
	PARANOID SCHIZOPHRENIA	Behavioral Health Facility	Approved	4		0		0
	PARKINSON'S DISEASE	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PASNGR IN PK-UP/VAN INJURED IN CLSN W STATNRY OBJECT NONTRAF	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PATELLAR TENDINITIS, LEFT KNEE	Rehab Provider	Approved	2		0		0
	PATELLAR TENDINITIS, LEFT KNEE	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PATELLAR TENDINITIS, RIGHT KNEE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PATELLOFEMORAL DISORDERS, LEFT KNEE	Chiropractor	Approved	1		0		0
	PATELLOFEMORAL DISORDERS, LEFT KNEE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PATELLOFEMORAL DISORDERS, LEFT KNEE	Rehab Provider	Approved	2		0		0
	PATELLOFEMORAL DISORDERS, LEFT KNEE	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Rehab Provider	Approved	3		0		0
	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Rehab Provider	Denied	9	Services are not medically necessary	9		0
	PATHOLOGICAL FRACTURE, L HUMERUS, SUBS FOR FX W DELAY HEAL	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	PELVIC AND PERINEAL PAIN	Rehab Provider	Approved	3		0		0
	PELVIC AND PERINEAL PAIN	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	PERONEAL TENDINITIS, UNSPECIFIED LEG	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PERSISTENT MOOD [AFFECTIVE] DISORDER, UNSPECIFIED	Behavioral Health Facility	Approved	1		0		0
	PLAGIOCEPHALY	Rehab Provider	Approved	1		0		0
	PLAGIOCEPHALY	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PLANTAR FASCIAL FIBROMATOSIS	Rehab Provider	Approved	3		0		0
	PLANTAR FASCIAL FIBROMATOSIS	Rehab Provider	Denied	17	Services are not medically necessary	17		0
	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Other	Denied	1	Services are not medically necessary	1		0
	PLICA SYNDROME, RIGHT KNEE	Rehab Provider	Approved	1		0		0
	PNEUMONIA, UNSPECIFIED ORGANISM	Other	Approved	1		0		0
	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	Other	Approved	1		0		0
	POSTCONCUSSIONAL SYNDROME	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Rehab Provider	Approved	2		0		0
	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	POST-TRAUMATIC STRESS DISORDER, ACUTE	Other	Approved	1		0		0
	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	Rehab Provider	Denied	11	Services are not medically necessary	11		0
	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Other	Approved	1		0		0
	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Rehab Provider	Approved	2		0		0
	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Rehab Provider	Denied	20	Services are not medically necessary	20		0
	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Rehab Provider	Approved	1		0		0
	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider	Approved	2		0		0
	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider	Denied	21	Services are not medically necessary	21		0
	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, UNSPECIFIED STAGE	Other	Approved	1		0		0

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	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Rehab Provider	Approved	1		0		0
	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	PRPH TEAR OF LAT MENS, CURRENT INJURY, RIGHT KNEE, INIT	Rehab Provider	Approved	1		0		0
	Psoriasis vulgaris	Physician Assistant		0		0	Denied	1
	PSYCHOTIC DISORDER WITH DELUSIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION	Behavioral Health Facility	Approved	1		0		0
	QUADRIPLEGIA, UNSPECIFIED	Other	Approved	1		0		0
	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	RADICULOPATHY, CERVICAL REGION	Chiropractor	Approved	1		0		0
	RADICULOPATHY, CERVICAL REGION	Chiropractor	Denied	8	Services are not medically necessary	8		0
	RADICULOPATHY, CERVICAL REGION	Emergency Medicine		0		0	Denied	1
	RADICULOPATHY, CERVICAL REGION	Rehab Provider	Approved	5		0		0
	RADICULOPATHY, CERVICAL REGION	Rehab Provider	Denied	28	Services are not medically necessary	28		0
	RADICULOPATHY, CERVICOTHORACIC REGION	Chiropractor	Approved	1		0		0
	RADICULOPATHY, LUMBAR REGION	Chiropractor	Approved	1		0		0
	RADICULOPATHY, LUMBAR REGION	Chiropractor	Denied	9	Services are not medically necessary	9		0
	RADICULOPATHY, LUMBAR REGION	Other	Approved	2		0		0
	RADICULOPATHY, LUMBAR REGION	Rehab Provider	Approved	2		0		0
	RADICULOPATHY, LUMBAR REGION	Rehab Provider	Denied	38	Services are not medically necessary	38		0
	RADICULOPATHY, LUMBOSACRAL REGION	Chiropractor	Approved	4		0		0
	RADICULOPATHY, LUMBOSACRAL REGION	Chiropractor	Denied	6	Services are not medically necessary	6		0
	RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider	Approved	2		0		0
	RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	Chiropractor	Denied	5	Services are not medically necessary	5		0
	RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	Rehab Provider	Approved	1		0		0
	RADICULOPATHY, THORACIC REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	RADICULOPATHY, THORACIC REGION	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	RADICULOPATHY, THORACOLUMBAR REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	RECURRENT DISLOCATION, LEFT SHOULDER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Other	Approved	3		0		0
	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Other	Denied	1	Services are not medically necessary	1		0
	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Chiropractor	Denied	4	Services are not medically necessary	4		0
	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	4		0		0
	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Chiropractor	Approved	2		0		0
	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Chiropractor	Denied	3	Services are not medically necessary	3		0
	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	3		0		0
	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	SCAR CONDITIONS AND FIBROSIS OF SKIN	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Behavioral Health Facility	Approved	3		0		0
	SCHIZOPHRENIA, UNSPECIFIED	Behavioral Health Facility	Approved	3		0		0
	SCIATICA, LEFT SIDE	Chiropractor	Denied	1	Services are not medically necessary	1		0

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	SCIATICA, LEFT SIDE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SCIATICA, RIGHT SIDE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SCIATICA, RIGHT SIDE	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	SCIATICA, UNSPECIFIED SIDE	Rehab Provider	Approved	1		0		0
	SCIATICA, UNSPECIFIED SIDE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SCOLIOSIS, UNSPECIFIED	Rehab Provider	Approved	1		0		0
	SCOLIOSIS, UNSPECIFIED	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Facility	Approved	2		0		0
	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility	Approved	9		0		0
	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Other	Approved	5		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractor	Approved	39		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractor	Denied	60	Services are not medically necessary	60		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF HEAD REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LOWER EXTREMITY	Chiropractor	Denied	2	Services are not medically necessary	2		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Chiropractor	Approved	17		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Chiropractor	Denied	75	Services are not medically necessary	75		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	Chiropractor	Approved	1		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	Chiropractor	Denied	7	Services are not medically necessary	7		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF RIB CAGE	Chiropractor	Denied	4	Services are not medically necessary	4		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	Chiropractor	Approved	3		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	Chiropractor	Denied	5	Services are not medically necessary	5		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	Chiropractor	Approved	4		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	Chiropractor	Denied	30	Services are not medically necessary	30		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF UPPER EXTREMITY	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE	Rehab Provider	Approved	1		0		0
	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SITE	Rehab Provider	Approved	1		0		0
	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SITE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SEVERE INTELLECTUAL DISABILITIES	Rehab Provider	Approved	1		0		0
	SEVERE INTELLECTUAL DISABILITIES	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	Other	Approved	5		0		0
	SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SHORT RIB SYNDROME	Other	Approved	1		0		0
	SHOULDER LESION, UNSPECIFIED, LEFT SHOULDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	SLTR-HARIS TYPE II PHYSL FX LOW END R FIBULA, 7THD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SOFT TISSUE DISORDER, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPASMODIC TORTICOLLIS	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Rehab Provider	Approved	2		0		0
	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPINAL ENTHESOPATHY, CERVICAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SPINAL ENTHESOPATHY, LUMBOSACRAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SPINAL ENTHESOPATHY, MULTIPLE SITES IN SPINE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPINAL INSTABILITIES, LUMBAR REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPINAL INSTABILITIES, THORACIC REGION	Rehab Provider	Approved	1		0		0
	SPINAL STENOSIS, CERVICAL REGION	Chiropractor	Approved	1		0		0
	SPINAL STENOSIS, CERVICAL REGION	Rehab Provider	Approved	2		0		0
	SPINAL STENOSIS, CERVICAL REGION	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Rehab Provider	Approved	4		0		0
	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Approved	2		0		0
	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	SPINAL STENOSIS, LUMBOSACRAL REGION	Other	Approved	1		0		0
	SPONDYLOLISTHESIS, LUMBAR REGION	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPONDYLOLISTHESIS, THORACOLUMBAR REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Rehab Provider	Approved	1		0		0
	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Rehab Provider	Denied	10	Services are not medically necessary	10		0
	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Emergency Medicine		0		0	Denied	1
	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	Rehab Provider	Approved	1		0		0
	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT FOREARM	Rehab Provider	Approved	1		0		0
	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT FOREARM	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT HAND	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED LOWER LEG	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED SITE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSP ANKLE AND FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED UPPER ARM	Rehab Provider	Approved	1		0		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Rehab Provider	Approved	2		0		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Rehab Provider	Denied	11	Services are not medically necessary	11		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Rehab Provider	Approved	1		0		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Rehab Provider	Denied	21	Services are not medically necessary	21		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Rehab Provider	Approved	3		0		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Rehab Provider	Denied	12	Services are not medically necessary	12		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SEQUELA	Rehab Provider	Approved	1		0		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider	Approved	6		0		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider	Denied	18	Services are not medically necessary	18		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF UNSP KNEE, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF JOINTS AND LIGAMENTS OF OTH PRT NECK, INIT ENCNR	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF JOINTS AND LIGAMENTS OF OTH PRT NECK, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF LEFT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SPRAIN OF LEFT ROTATOR CUFF CAPSULE, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	Chiropractor	Denied	7	Services are not medically necessary	7		0
	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	Rehab Provider	Approved	1		0		0
	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	2		0		0
	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	Chiropractor	Approved	1		0		0
	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	Chiropractor	Denied	6	Services are not medically necessary	6		0
	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	Rehab Provider	Approved	1		0		0
	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	Chiropractor	Approved	1		0		0
	SPRAIN OF LIGAMENTS OF THORACIC SPINE, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF OTH PARTS OF LUMBAR SPINE AND PELVIS, INIT ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF OTH PARTS OF RIGHT SHOULDER GIRDLE, INIT ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SPRAIN OF OTHER SPECIFIED PARTS OF LEFT KNEE, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF POSTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPRAIN OF RIGHT ACROMIOCLAVICULAR JOINT, SUBS ENCNR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	Chiropractor	Approved	1		0		0
	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	Rehab Provider	Approved	1		0		0
	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SPRAIN OF TIBIOFIBULAR LIGAMENT OF LEFT ANKLE, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF UNSP COLLATERAL LIGAMENT OF RIGHT KNEE, SEQUELA	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF UNSP CRUCIATE LIGAMENT OF LEFT KNEE, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF UNSP CRUCIATE LIGAMENT OF UNSP KNEE, SEQUELA	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	SPRAIN OF UNSP CRUCIATE LIGAMENT OF UNSP KNEE, SUBS ENCNR	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	SPRAIN OF UNSP PART OF UNSP WRIST AND HAND, INIT ENCNR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPRAIN OF UNSP PARTS OF LUMBAR SPINE AND PELVIS, SUBS ENCNR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNR	Rehab Provider	Approved	1		0		0
	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNR	Chiropractor	Approved	1		0		0
	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNR	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Rehab Provider	Approved	1		0		0
	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPRAIN OF UNSPECIFIED SITE OF UNSPECIFIED KNEE, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STIFF-MAN SYNDROME	Rehab Provider	Approved	1		0		0
	STIFFNESS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STIFFNESS OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	1		0		0
	STIFFNESS OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STIFFNESS OF LEFT HIP, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STIFFNESS OF LEFT WRIST, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	STIFFNESS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	3		0		0
	STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STRAIN MSL/TND LNG FLXR MSL TOE AT ANK/FT LEV, R FOOT, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, LEFT LEG, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, LEFT LEG, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN MUSC/TEND POST GRP AT LOW LEG LEVEL, LEFT LEG, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF LEFT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MSL/FASC/TND POST GRP AT THI LEV, LEFT THIGH, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	STRAIN OF MUSC/FASC/TEND LONG HEAD OF BICEPS, UNSP ARM, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN OF MUSC/FASC/TEND LONG HEAD OF BICEPS, UNSP ARM, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STRAIN OF MUSC/FASC/TEND PRT BICEPS, LEFT ARM, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MUSC/FASC/TEND PRT BICEPS, RIGHT ARM, SUBS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STRAIN OF MUSC/FASC/TEND TRICEPS, RIGHT ARM, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT	Chiropractor	Denied	2	Services are not medically necessary	2		0
	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, SUBS	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, INIT	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, SUBS	Rehab Provider	Denied	9	Services are not medically necessary	9		0
	STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX, INIT	Chiropractor	Approved	1		0		0
	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, SUBS	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	STRAIN OF MUSCLE, FASCIA AND TENDON OF LEFT HIP, SUBS ENCNR	Rehab Provider	Approved	1		0		0
	STRAIN OF MUSCLE, FASCIA AND TENDON OF LEFT HIP, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SEQUELA	Rehab Provider	Approved	1		0		0
	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBS	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	STRAIN OF MUSCLE, FASCIA AND TENDON OF PELVIS, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MUSCLE, FASCIA AND TENDON OF RIGHT HIP, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN OF MUSCLES AND TENDONS AT ANK/FT LEVEL, R FOOT, SUBS	Rehab Provider	Approved	1		0		0
	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	Rehab Provider	Approved	2		0		0
	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	Rehab Provider	Approved	1		0		0
	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, SUBS	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	STRESS FRACTURE, LEFT TIBIA, SUBS FOR FX W ROUTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRESS FRACTURE, RIGHT FOOT, SUBS FOR FX W ROUTN HEAL	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STRESS INCONTINENCE (FEMALE) (MALE)	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SUBLUXATION OF C5/C6 CERVICAL VERTEBRAE, SUBS ENCNR	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SUBLUXATION OF UNSPECIFIED CERVICAL VERTEBRAE, INIT ENCNR	Chiropractor	Denied	2	Services are not medically necessary	2		0
	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNR	Rehab Provider	Approved	1		0		0
	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SUBS ENCNTR	Rehab Provider	Approved	3		0		0
	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SUBS ENCNTR	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, THIRD TRIMESTER	Other	Approved	1		0		0
	TARSAL TUNNEL SYNDROME, BILATERAL LOWER LIMBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	THORACOGENIC SCOLIOSIS, THORACIC REGION	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	TORTICOLLIS	Chiropractor	Approved	1		0		0
	TORTICOLLIS	Rehab Provider	Approved	1		0		0
	TORTICOLLIS	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	TOURETTE'S DISORDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	TRANSIENT PARALYSIS	Other	Approved	1		0		0
	TRAUM RUPT OF COLLAT LIGMT OF L RNG FNGR AT MCP/IP JT, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	TRAUM RUPT OF COLLAT LIGMT OF R MID FNGR AT MCP/IP JT, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	TRAUM SUBDR HEM W/O LOSS OF CONSCIOUSNESS, INIT	Other	Approved	1		0		0
	TRAUM SUBDR HEM W/O LOSS OF CONSCIOUSNESS, SEQUELA	Other	Approved	1		0		0
	TRAUM SUBRAC HEM W/O LOSS OF CONSCIOUSNESS, SEQUELA	Other	Approved	1		0		0
	TRAUMATIC ARTHROPATHY, LEFT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	TRAUMATIC PNEUMOTHORAX, INITIAL ENCOUNTER	Other	Approved	1		0		0
	TRAUMATIC RUPTURE OF LUMBAR INTERVERTEBRAL DISC, SUBS ENCNTR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	TRIGGER FINGER, LEFT INDEX FINGER	Rehab Provider	Approved	1		0		0
	TRIGGER FINGER, RIGHT MIDDLE FINGER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	TRIGGER FINGER, UNSPECIFIED FINGER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	TROCHANTERIC BURSITIS, LEFT HIP	Physical Therapy		0		0	Denied	1
	TROCHANTERIC BURSITIS, LEFT HIP	Rehab Provider	Approved	1		0		0
	TROCHANTERIC BURSITIS, LEFT HIP	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	TROCHANTERIC BURSITIS, RIGHT HIP	Rehab Provider	Approved	1		0		0
	TROCHANTERIC BURSITIS, UNSPECIFIED HIP	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	Rehab Provider	Approved	1		0		0
	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, R HAND	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Other	Approved	1		0		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Other	Approved	1		0		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Rehab Provider	Approved	7		0		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Rehab Provider	Denied	26	Services are not medically necessary	26		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Rehab Provider	Denied	18	Services are not medically necessary	18		0

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	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rehab Provider	Approved	2		0		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rehab Provider	Denied	20	Services are not medically necessary	20		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Other	Approved	1		0		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP CAR OCCUPANT INJURED IN COLLISION W CAR IN TRAF, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP DISLOCATION OF LEFT ULNOHUMERAL JOINT, INIT ENCNR	Rehab Provider	Approved	1		0		0
	UNSP DISLOCATION OF LEFT ULNOHUMERAL JOINT, INIT ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP DISP FX OF SURGICAL NECK OF R HUMERUS, INIT FOR OPN FX	Other	Approved	1		0		0
	UNSP FRACTURE OF LEFT FEMUR, SUBS FOR CLOS FX W ROUNTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FRACTURE OF LOWER END OF LEFT FEMUR, INIT FOR CLOS FX	Other	Approved	1		0		0
	UNSP FRACTURE OF RIGHT ACETABULUM, INIT FOR CLOS FX	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FRACTURE OF RIGHT CALCANEUS, INIT FOR CLOS FX	Rehab Provider	Approved	1		0		0
	UNSP FRACTURE OF RIGHT PUBIS, INIT FOR CLOS FX	Other	Approved	1		0		0
	UNSP FRACTURE OF T5-T6 VERTEBRA, INIT FOR CLOS FX	Other	Approved	1		0		0
	UNSP FRACTURE OF THE LOWER END OF LEFT RADIUS, INIT	Rehab Provider	Approved	1		0		0
	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FRACTURE OF UPPER END OF RIGHT HUMERUS, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FX NAVICULAR BONE OF L WRIST, SUBS FOR FX W ROUNTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FX RIGHT PATELLA, SUBS FOR CLOS FX W ROUNTN HEAL	Rehab Provider	Approved	1		0		0
	UNSP FX SHAFT OF HUMERUS, LEFT ARM, SUBS FOR FX W ROUNTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FX SHAFT OF RIGHT TIBIA, SUBS FOR CLOS FX W ROUNTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUNTN HEAL	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUNTN HEAL	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSP FX UPPER END OF L HUMERUS, SUBS FOR FX W ROUNTN HEAL	Rehab Provider	Approved	2		0		0
	UNSP FX UPPER END OF L HUMERUS, SUBS FOR FX W ROUNTN HEAL	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSP FX UPPER END OF R HUMERUS, SUBS FOR FX W ROUNTN HEAL	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FX UPPER END UNSP TIBIA, SUBS FOR CLOS FX W ROUNTN HEAL	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	UNSP INJ MSL/TND LNG FLXR MSL TOE AT ANK/FT LEV, L FT, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	UNSP INJ MUSC/TEND PERONEAL GRP AT LOW LEG LEV, R LEG, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP INJ MUSC/TEND THE ROTATOR CUFF OF L SHOULDER, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), SUBS ENCNR	Rehab Provider	Approved	1		0		0
	UNSP INJURY OF RIGHT SHOULDER AND UPPER ARM, INIT ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP INJURY OF RIGHT SHOULDER AND UPPER ARM, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Rehab Provider	Approved	6		0		0
	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Rehab Provider	Denied	8	Services are not medically necessary	8		0
	UNSP OPEN WOUND OF RIGHT THUMB W DAMAGE TO NAIL, SUBS ENCNR	Rehab Provider	Approved	1		0		0
	UNSP OPEN WOUND OF RIGHT THUMB W DAMAGE TO NAIL, SUBS ENCNR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Rehab Provider	Approved	1		0		0
	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Rehab Provider	Approved	3		0		0
	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Rehab Provider	Denied	10	Services are not medically necessary	10		0
	UNSP ROTATR-CUFF TEAR/RUPTR OF UNSP SHOULDER, NOT TRAUMA	Rehab Provider	Approved	1		0		0
	UNSP SLIPPED UPPER FEMORAL EPIPHYSIS, RIGHT HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP TEAR OF UNSP MENISCUS, CURRENT INJURY, R KNEE, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Rehab Provider	Approved	1		0		0
	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	UNSPECIFIED ABDOMINAL PAIN	Rehab Provider	Approved	1		0		0
	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	UNSPECIFIED DISLOCATION OF LEFT PATELLA, INITIAL ENCOUNTER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSPECIFIED DISLOCATION OF LEFT PATELLA, SUBS ENCNR	Rehab Provider	Approved	2		0		0
	UNSPECIFIED DISLOCATION OF LEFT PATELLA, SUBS ENCNR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSPECIFIED INJURY OF RIGHT ACHILLES TENDON, INIT ENCNR	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	UNSPECIFIED INJURY OF RIGHT ACHILLES TENDON, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSPECIFIED LACK OF COORDINATION	Rehab Provider	Approved	4		0		0
	UNSPECIFIED LACK OF COORDINATION	Rehab Provider	Denied	12	Services are not medically necessary	12		0

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	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Behavioral Health Facility	Approved	5		0		0
	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	Behavioral Health Facility	Approved	6		0		0
	Unspecified ptosis of left eyelid	Pain Management		0		0	Approved	1
	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Other	Approved	2		0		0
	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSPECIFIED SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, SUBS ENCNR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, SEQUELA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Rehab Provider	Approved	1		0		0
	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSPECIFIED URINARY INCONTINENCE	Rehab Provider	Approved	1		0		0
	UNSTEADINESS ON FEET	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	URGE INCONTINENCE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	Venous insufficiency (chronic) (peripheral)	Dermatology		0		0	Approved	1
	WEAKNESS	Rehab Provider	Approved	6		0		0
	WEAKNESS	Rehab Provider	Denied	16	Services are not medically necessary	16		0
	WEDGE COMPRESSION FRACTURE OF UNSP THORACIC VERTEBRA, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
		Emergency Medicine		0		0	Denied	1
	ANEMIA, UNSPECIFIED	Physician		0		0	Approved	1
	CEREBRAL INFARCTION, UNSPECIFIED	Emergency Medicine		0		0	Approved	1
	ENCEPHALOPATHY, UNSPECIFIED	Internal Medicine		0		0	Denied	1
	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	Neurology		0		0	Denied	1
	SEPSIS, UNSPECIFIED ORGANISM	Emergency Medicine		0		0	Approved	1
	UNSPECIFIED OPEN WOUND, LEFT FOOT, SUBSEQUENT ENCOUNTER	Emergency Medicine		0		0	Approved	1
72040 -RADEX SPINE CERVICAL 2 OR 3 VIEWS	RADICULOPATHY, CERVICOTHORACIC REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
72100 -RADEX SPINE LUMBOSACRAL 2/3 VIEWS	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Chiropractor	Approved	1		0		0
72100 -RADEX SPINE LUMBOSACRAL 2/3 VIEWS	LOW BACK PAIN	Chiropractor	Approved	2		0		0
72100 -RADEX SPINE LUMBOSACRAL 2/3 VIEWS	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Chiropractor	Approved	1		0		0
72100 -RADEX SPINE LUMBOSACRAL 2/3 VIEWS	RADICULOPATHY, LUMBAR REGION	Chiropractor	Approved	2		0		0
FOCALIN XR		Emergency Medicine		0		0	Approved	1
INVOKANA	Type 2 diabetes mellitus without complications	Surgery, Neurological		0		0	Denied	1
NORDITROPIN FLEXPPO	HYPOPITUITARISM	Dermatology		0		0	Approved	1
TALTZ	PSORIASIS VULGARIS	Surgery, Orthopedic		0		0	Denied	1
(SIX MINUTE WALK TEST) PULM STRESS TESTING, INCL MEAS OF HR, OXIMETRY, AND OXYGEN TITRATION; OFFIC	J84.10 - Pulmonary fibrosis, unspecified	Internal Medicine- Pulmonary Disease	Approved	1		0		0
23071 (Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater), 23071 (Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater),	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified limb(23071),BENIGN LIPOMATOUS NEOPLSM SKIN & SUBQ UNS LIMB(23071),	Musculoskeletal		0		0	Approved	1

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
23130 (Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release), 23130 (Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release), 23420 (Reconstruction of complete shoulder (rotator) cuff	PRIMARY OSTEOARTHRITIS LEFT SHOULDER(23130),Unknown(23130),Unknown(23420),PRIMARY OSTEOARTHRITIS LEFT SHOULDER(23420),PRIMARY OSTEOARTHRITIS LEFT SHOULDER(29807),Unknown(29807),Unknown(29823),PRIMARY OSTEOARTHRITIS LEFT	Musculoskeletal		0		0	Denied	1
23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23415 (Coracoacromial ligament release, with or without acromioplasty), 23415 (Coracoacro	PAIN IN RIGHT SHOULDER(23412),Unknown(23412),PAIN IN RIGHT SHOULDER(23415),Unknown(23415),	Musculoskeletal		0		0	Approved	1
23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23415 (Coracoacromial ligament release, with or without acromioplasty), 23415 (Coracoacro	PAIN IN RIGHT SHOULDER(23412),Unknown(23412),PAIN IN RIGHT SHOULDER(23415),Unknown(23415),Unknown(23420),PAIN IN RIGHT SHOULDER(23420),PAIN IN RIGHT SHOULDER(23430),Unknown(23430),PAIN IN RIGHT SHOULDER(23440),	Musculoskeletal		0		0	Denied	1
23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23415 (Coracoacromial ligament release, with or without acromioplasty), 23415 (Coracoacro	Unknown(23412),PAIN IN RIGHT SHOULDER(23412),PAIN IN RIGHT SHOULDER(23415),Unknown(23415),PAIN IN RIGHT SHOULDER(23420),Unknown(23420),Unknown(23430),PAIN IN RIGHT SHOULDER(23430),PAIN IN RIGHT SHOULDER(23440),	Musculoskeletal		0		0	Denied	1
23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic), 23415 (Coracoacromial ligament release, with or without acromioplasty), 23415 (Coracoacro	Unknown(23412),PAIN IN RIGHT SHOULDER(23412),Unknown(23415),PAIN IN RIGHT SHOULDER(23415),	Musculoskeletal		0		0	Approved	1
23430 (Tenodesis of long tendon of biceps), 23430 (Tenodesis of long tendon of biceps), 29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release), 29826 (Arthroscopy, sho	PAIN IN LEFT SHOULDER(23430),Unknown(23430),PAIN IN LEFT SHOULDER(29826),Unknown(29826),PAIN IN LEFT SHOULDER(29827),Unknown(29827),	Musculoskeletal		0		0	Denied	2
27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid),	SACROILIITIS NOT ELSEWHERE CLASSIFIED(27096),Unknown(27096),	Musculoskeletal		0		0	Approved	1
27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesth	SACROILIITIS NOT ELSEWHERE CLASSIFIED(27096),SACROILIITIS NOT ELSEWHERE CLASSIFIED(27096),Unknown(27096),Unknown(27096),	Musculoskeletal		0		0	Approved	1
27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesth	SACROILIITIS NOT ELSEWHERE CLASSIFIED(27096),SACROILIITIS NOT ELSEWHERE CLASSIFIED(27096),Unknown(27096),Unknown(27096),	Musculoskeletal		0		0	Denied	1
27130 (Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft), 27130 (Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or wi	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP(27130),Unknown(27130),	Musculoskeletal		0		0	Approved	1
27130 (Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft), 27130 (Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or wi	Unknown(27130),UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP(27130),	Musculoskeletal		0		0	Denied	1
27310 (Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)), 27310 (Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)), 29881 (Arthroscopy, knee, surgical;with meniscectomy (media	Unknown(27310),UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE(27310),UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE(29881),Unknown(29881),	Musculoskeletal		0		0	Denied	1
27327 (Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm), 27327 (Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm), 29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartil	Unknown(27327),CHONDROMALACIA RIGHT KNEE(27327),CHONDROMALACIA RIGHT KNEE(29877),Unknown(29877),	Musculoskeletal		0		0	Denied	2

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
27415 (Osteochondral allograft, knee, open), 27415 (Osteochondral allograft, knee, open), 27420 (Reconstruction of dislocating patella; (eg, Hauser type procedure)), 27420 (Reconstruction of dislocating patella; (eg, Hauser type procedure)), 29876 (Arthro	PLICA SYNDROME RIGHT KNEE(27415),Unknown(27415),PLICA SYNDROME RIGHT KNEE(27420),Unknown(27420),Unknown(29876),PLICA SYNDROME RIGHT KNEE(29876),	Musculoskeletal		0		0	Denied	1
27422 (Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)), 27422 (Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or re	OTH SPONTANEOUS DISRUPTION UNS LIGAMENT LT KNEE(27422),Other spontaneous disruption of unspecified ligament of left knee(27422),OTH SPONTANEOUS DISRUPTION UNS LIGAMENT LT KNEE(29877),Other spontaneous disruption of unspecified ligament of l	Musculoskeletal		0		0	Approved	1
27422 (Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)), 27422 (Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or re	Other spontaneous disruption of unspecified ligament of left knee(27422),OTH SPONTANEOUS DISRUPTION UNS LIGAMENT LT KNEE(27422),Other spontaneous disruption of unspecified ligament of left knee(29877),OTH SPONTANEOUS DISRUPTION UNS LIGAMENT	Musculoskeletal		0		0	Approved	1
27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty), 27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfac	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE(27447),Unknown(27447),	Musculoskeletal		0		0	Approved	1
27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty), 27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfac	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(27447),Unknown(27447),	Musculoskeletal		0		0	Approved	5
27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty), 27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfac	Unknown(27447),UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE(27447),	Musculoskeletal		0		0	Approved	1
27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty), 27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfac	Unknown(27447),UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(27447),	Musculoskeletal		0		0	Approved	3
27599 (LEG SURGERY PROCEDURE), 27599 (LEG SURGERY PROCEDURE), 27899 (LEG/ANKLE SURGERY PROCEDURE), 27899 (LEG/ANKLE SURGERY PROCEDURE),	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL(27599),Unknown(27599),COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL(27899),Unknown(27899),	Musculoskeletal		0		0	Denied	2
29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy), 29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy),	IMPINGEMENT SYNDROME OF RIGHT SHOULDER(29806),Unknown(29806),	Musculoskeletal		0		0	Denied	2
29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy), 29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy),	OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER(29806),Unknown(29806),	Musculoskeletal		0		0	Approved	1
29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy), 29806 (Arthroscopy, shoulder, surgical; capsulorrhaphy),	Unknown(29806),OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER(29806),	Musculoskeletal		0		0	Approved	1
29807 (Arthroscopy, shoulder, surgical; repair of SLAP lesion), 29807 (Arthroscopy, shoulder, surgical; repair of SLAP lesion), 29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoac	IMPINGEMENT SYNDROME OF RIGHT SHOULDER(29807),Unknown(29807),Unknown(29826),IMPINGEMENT SYNDROME OF RIGHT SHOULDER(29826),	Musculoskeletal		0		0	Approved	1
29807 (Arthroscopy, shoulder, surgical; repair of SLAP lesion), 29807 (Arthroscopy, shoulder, surgical; repair of SLAP lesion), 29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoac	Unknown(29807),IMPINGEMENT SYNDROME OF RIGHT SHOULDER(29807),Unknown(29826),IMPINGEMENT SYNDROME OF RIGHT SHOULDER(29826),	Musculoskeletal		0		0	Approved	1
29822 (Arthroscopy, shoulder, surgical; debridement, limited), 29822 (Arthroscopy, shoulder, surgical; debridement, limited), 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)), 29824 (Art	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER(29822),Unknown(29822),Unknown(29824),PRIMARY OSTEOARTHRITIS RIGHT SHOULDER(29824),	Musculoskeletal		0		0	Denied	1

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29823 (Arthroscopy, shoulder, surgical; debridement, extensive), 29823 (Arthroscopy, shoulder, surgical; debridement, extensive), 29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coraco	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC(29823),Unknown(29823),Unknown(29826),STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC(29826),Unknown(29827),STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC(29827),	Musculoskeletal		0		0	Approved	1
29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)), 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)), 29826 (Arthroscop	Unknown(29824),TRAUMATIC ARTHROPATHY LEFT SHOULDER(29824),TRAUMATIC ARTHROPATHY LEFT SHOULDER(29826),Unknown(29826),Unknown(29827),TRAUMATIC ARTHROPATHY LEFT SHOULDER(29827),	Musculoskeletal		0		0	Approved	1
29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair), 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair),	LOOSE BODY IN RIGHT SHOULDER(29827),Unknown(29827),	Musculoskeletal		0		0	Denied	1
29866 (Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))), 29866 (Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))), 298	Unknown(29866),OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM(29866),Unknown(29879),OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM(29879),	Musculoskeletal		0		0	Denied	2
29870 (Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)), 29870 (Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)),	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29870),Unknown(29870),	Musculoskeletal		0		0	Denied	1
29870 (Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)), 29870 (Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)),	Unknown(29870),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29870),	Musculoskeletal		0		0	Denied	1
29870 (Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)), 29870 (Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)),	Unknown(29870),PAIN IN LEFT KNEE(29870),	Musculoskeletal		0		0	Denied	1
29874 (Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)), 29874 (Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissec	LOOSE BODY IN KNEE RIGHT KNEE(29874),Unknown(29874),LOOSE BODY IN KNEE RIGHT KNEE(29881),Unknown(29881),	Musculoskeletal		0		0	Denied	1
29874 (Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)), 29874 (Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissec	Unknown(29874),LOOSE BODY IN KNEE RIGHT KNEE(29874),Unknown(29881),LOOSE BODY IN KNEE RIGHT KNEE(29881),	Musculoskeletal		0		0	Denied	1
29875 (Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)), 29875 (Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)), 29880 (Arthroscopy, knee, surgica	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC(29875),Unknown(29875),Unknown(29880),COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC(29880),Unknown(29884),COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC(29884),	Musculoskeletal		0		0	Denied	1
29876 (Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)), 29876 (Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)),	Unknown(29876),OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC(29876),	Musculoskeletal		0		0	Denied	1
29876 (Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)), 29876 (Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)), 29877 (Arthroscopy, knee, surgical; debri	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(29876),Unknown(29876),UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(29877),Unknown(29877),Unknown(29881),UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(29881),UNILATERAL PRIMARY OSTEO	Musculoskeletal		0		0	Denied	1
29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)), 29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)), 29881 (Arthroscopy, knee, surgical;with meniscectomy (medial	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29877),Unknown(29877),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),Unknown(29881),	Musculoskeletal		0		0	Denied	1

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29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)), 29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)), 29881 (Arthroscopy, knee, surgical;with meniscectomy (medial	Unknown(29877),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29877),Unknown(29881),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),	Musculoskeletal		0		0	Denied	1
29880 (Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)), 29880 (Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(29880),Unknown(29880),UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(29881),Unknown(29881),	Musculoskeletal		0		0	Denied	2
29880 (Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)), 29880 (Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)), 29999 (ARTHROSCOPY OF JOINT), 29999 (AR	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC(29880),Unknown(29880),Unknown(29999),COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC(29999),	Musculoskeletal		0		0	Denied	1
29880 (Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)), 29880 (Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)), 29999 (ARTHROSCOPY OF JOINT), 29999 (AR	Unknown(29880),COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC(29880),COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC(29999),Unknown(29999),	Musculoskeletal		0		0	Denied	1
29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)),	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),Unknown(29881),	Musculoskeletal		0		0	Approved	1
29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)),	Unknown(29881),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),	Musculoskeletal		0		0	Approved	1
29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with m	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),Unknown(29881),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),Unknown(29881),	Musculoskeletal		0		0	Denied	1
29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with m	Unknown(29881),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),Unknown(29881),OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC(29881),	Musculoskeletal		0		0	Denied	1
29888 (Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction), 29888 (Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction),	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC(29888),Unknown(29888),	Musculoskeletal		0		0	Approved	1
3-D RADIOTHERAPY PLAN	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
3-D RADIOTHERAPY PLAN	ACUTE RESPIRATORY DISTRESS	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	DISORIENTATION, UNSPECIFIED	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	HYPERTROPHIC SCAR	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	HYPOTENSION, UNSPECIFIED	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
3-D RADIOTHERAPY PLAN	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	4		0		0
3-D RADIOTHERAPY PLAN	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0

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3-D RADIOTHERAPY PLAN	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF BODY OF PANCREAS	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF VAGINA	Facility	Approved	1		0		0
3-D RADIOTHERAPY PLAN	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
3-D RADIOTHERAPY PLAN	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	2		0		0
3-D RADIOTHERAPY PLAN	SOLITARY PULMONARY NODULE	Family Medicine	Approved	1		0		0
3-D RADIOTHERAPY PLAN	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HIP	Family Medicine	Approved	1		0		0
3D RENDER W/INTRP POSTPROCES	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0
3D RENDER W/INTRP POSTPROCES	CEREBRAL ANEURYSM, NONRUPTURED	Facility	Approved	1		0		0
3D RENDER W/INTRP POSTPROCES	INFLAMMATORY CONDITIONS OF JAWS	Dentistry	Approved	1		0		0
3D RENDER W/INTRP POSTPROCES	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
3D RENDER W/INTRP POSTPROCES	OTHER ACQUIRED DEFORMITY OF HEAD	Family Medicine	Approved	1		0		0
3D RENDER W/INTRP POSTPROCES	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CHRONIC PANSINUSITIS	OTORHINOLARYNGOLOGIST (EENT)	Denied	2	Services are not medically necessary	2		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0

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3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CRANIOSYNOSTOSIS	NEUROSURGERY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	DISLOCATION MTP JOINT RT GREAT TOE INITIAL ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	DSPL FX SHFT 3RD MC BN LT HND INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Encounter for prophylactic measures, unspecified	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	FIBROUS DYSPLASIA MONOSTOTIC UNSPECIFIED SITE	PLASTIC SURGERY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	GROSS HEMATURIA	Physician	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	HERPESVIRAL INFECTION UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	INCONCLUSIVE MAMMOGRAM	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	LIVER CELL CARCINOMA	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	SURGERY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	CARDIOVASCULAR DISEASE	Approved	1		0		0

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3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	CARDIOVASCULAR DISEASE	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIGNANT NEOPLASM OF HARD PALATE	SURGERY-PEDIATRIC	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	2		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	3	Services are not medically necessary	3		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	NEUROMUSCULAR SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	NONRHEUMATIC MITRAL VALVE DISORDER UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	OTHER SPECIFIED DISORDERS OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0

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3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	PAIN IN LEFT FOOT	PODIATRY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	PERICARDITIS IN DISEASES CLASSIFIED ELSEWHERE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	SECONDARY DYSMENORRHEA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	SLEEP APNEA UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Unknown	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Unknown	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Unknown	SURGERY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Unknown	UROLOGY	Approved	9		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Unknown	UROLOGY	Denied	11	Services are not medically necessary	11		0

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3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	VARUS DEFORMITY NEC RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	CHRONIC PAIN SYNDROME(62321),Unknown(62321),	Musculoskeletal		0		0	Approved	1
62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION(62321),Unknown(62321),Unknown(62321),OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION(62321),	Musculoskeletal		0		0	Denied	1
62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	RADICULOPATHY CERVICAL REGION(62321),RADICULOPATHY CERVICAL REGION(62321),RADICULOPATHY CERVICAL REGION(62321),RADICULOPATHY CERVICAL REGION(62321),RADICULOPATHY CERVICAL REGION(62321),Unknown(62321),Unknown(62321),Unkno	Musculoskeletal		0		0	Denied	2
62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	Unknown(62321),Unknown(62321),	Musculoskeletal		0		0	Denied	4
62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	Unknown(62321),Unknown(62321),ARTHROPATHY UNSPECIFIED(62321),ARTHROPATHY UNSPECIFIED(62321),	Musculoskeletal		0		0	Denied	1
62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN(62323),Unknown(62323),	Musculoskeletal		0		0	Approved	2
62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(62323),Unknown(62323),	Musculoskeletal		0		0	Denied	1
62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN(62323),Unknown(62323),	Musculoskeletal		0		0	Denied	1
62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances), 62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispas	Unknown(62323),OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN(62323),	Musculoskeletal		0		0	Denied	1
63650 (IMPLANT NEUROELECTRODES), 63650 (IMPLANT NEUROELECTRODES),	LOW BACK PAIN(63650),Unknown(63650),	Musculoskeletal		0		0	Approved	1
63650 (IMPLANT NEUROELECTRODES), 63650 (IMPLANT NEUROELECTRODES),	Unknown(63650),CHRONIC PAIN SYNDROME(63650),	Musculoskeletal		0		0	Denied	2
63655 (IMPLANT NEUROELECTRODES), 63655 (IMPLANT NEUROELECTRODES), 63685 (INSRT/REDO SPINE N GENERATOR), 63685 (INSRT/REDO SPINE N GENERATOR),	CHRONIC PAIN SYNDROME(63655),Unknown(63655),CHRONIC PAIN SYNDROME(63685),Unknown(63685),	Musculoskeletal		0		0	Approved	1
63685 (INSRT/REDO SPINE N GENERATOR), 63685 (INSRT/REDO SPINE N GENERATOR),	Unknown(63685),CHRONIC PAIN SYNDROME(63685),	Musculoskeletal		0		0	Approved	2
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S),	Unknown(64483),RADICULOPATHY LUMBAR REGION(64483),RADICULOPATHY LUMBAR REGION(64483),Unknown(64483),	Musculoskeletal		0		0	Approved	1

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64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON)	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64483),INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64483),Unknown(64483),Unknown(64483),INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64484),INTERVERTEBRAL DISC D/O W/RADICU	Musculoskeletal		0		0	Denied	1
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON)	RADICULOPATHY LUMBAR REGION(64483),RADICULOPATHY LUMBAR REGION(64483),Unknown(64483),Unknown(64483),RADICULOPATHY LUMBAR REGION(64484),RADICULOPATHY LUMBAR REGION(64484),Unknown(64484),Unknown(64484),	Musculoskeletal		0		0	Approved	1
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON)	RADICULOPATHY LUMBAR REGION(64483),Unknown(64483),RADICULOPATHY LUMBAR REGION(64483),Unknown(64483),RADICULOPATHY LUMBAR REGION(64484),Unknown(64484),Unknown(64484),RADICULOPATHY LUMBAR REGION(64484),	Musculoskeletal		0		0	Approved	1
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON)	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64483),Unknown(64483),Unknown(64484),INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64484),	Musculoskeletal		0		0	Denied	1
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON)	RADICULOPATHY LUMBAR REGION(64483),Unknown(64483),RADICULOPATHY LUMBAR REGION(64484),Unknown(64484),	Musculoskeletal		0		0	Approved	1
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON)	Unknown(64483),RADICULOPATHY LUMBAR REGION(64483),RADICULOPATHY LUMBAR REGION(64484),Unknown(64484),	Musculoskeletal		0		0	Approved	3
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484 (INJ FORAMEN EPIDURAL ADD-ON)	Unknown(64483),RADICULOPATHY LUMBAR REGION(64483),Unknown(64484),Unknown(64484),RADICULOPATHY LUMBAR REGION(64484),RADICULOPATHY LUMBAR REGION(64484),	Musculoskeletal		0		0	Denied	1
64490 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level), 64490 (Injection(s), diagnostic or therapeutic	Unknown(64490),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(64490),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(64490),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(64490),Unknown(64490),Unknown(64490),Unknown(6449	Musculoskeletal		0		0	Denied	1
64490 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level), 64490 (Injection(s), diagnostic or therapeutic	Unknown(64490),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN(64490),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN(64490),Unknown(64490),Unknown(64491),Unknown(64491),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN(6449	Musculoskeletal		0		0	Approved	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	LOW BACK PAIN(64493),LOW BACK PAIN(64493),Unknown(64493),Unknown(64493),	Musculoskeletal		0		0	Denied	1

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64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	OTHER SPONDYLOSIS LUMBAR REGION(64493),OTHER SPONDYLOSIS LUMBAR REGION(64493),Unknown(64493),Unknown(64493),Unknown(64494),Unknown(64494),OTHER SPONDYLOSIS LUMBAR REGION(64494),OTHER SPONDYLOSIS LUMBAR REGION(64494)	Musculoskeletal		0		0	Denied	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	OTHER SPONDYLOSIS LUMBOSACRAL REGION(64493),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64493),Unknown(64493),Unknown(64493),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64494),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64494),Unknown(64494)	Musculoskeletal		0		0	Denied	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493),Unknown(64493),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64494),Unknown(64494),	Musculoskeletal		0		0	Approved	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493),Unknown(64493),Unknown(64493),Unknown(64493),Unknown(64493),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493),S	Musculoskeletal		0		0	Denied	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	Unknown(64493),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493),Unknown(64494),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64494),	Musculoskeletal		0		0	Approved	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	Unknown(64493),Unknown(64493),OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION(64493),OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION(64493),Unknown(64494),Unknown(64494),OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION(64494),O	Musculoskeletal		0		0	Denied	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	Unknown(64493),Unknown(64493),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64493),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64493),Unknown(64494),Unknown(64494),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64494),OTHER SPONDYLOSIS LUMBOSACRA	Musculoskeletal		0		0	Denied	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	Unknown(64493),Unknown(64493),RADICULOPATHY LUMBAR REGION(64493),RADICULOPATHY LUMBAR REGION(64493),RADICULOPATHY LUMBAR REGION(64494),Unknown(64494),RADICULOPATHY LUMBAR REGION(64494),Unknown(64494),	Musculoskeletal		0		0	Denied	1
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	Unknown(64493),Unknown(64493),RADICULOPATHY LUMBAR REGION(64493),RADICULOPATHY LUMBAR REGION(64493),Unknown(64494),Unknown(64494),RADICULOPATHY LUMBAR REGION(64494),RADICULOPATHY LUMBAR REGION(64494),	Musculoskeletal		0		0	Denied	1

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64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	Unknown(64493),Unknown(64493),Unknown(64493),Unknown(64493),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493),S	Musculoskeletal		0		0	Denied	1
64494 (Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level), 64494 (Injection(s), diagnostic or therapeutic agent, paravertebra	LOW BACK PAIN(64494),LOW BACK PAIN(64494),Unknown(64494),Unknown(64494),LOW BACK PAIN(64495),LOW BACK PAIN(64495),Unknown(64495),Unknown(64495),	Musculoskeletal		0		0	Denied	1
64510 (Injection, anesthetic agent;stellate ganglion (cervical sympathetic)), 64510 (Injection, anesthetic agent;stellate ganglion (cervical sympathetic)),	COMPLEX REGIONAL PAIN SYNDROME I UNS UPPER LIMB(64510),Unknown(64510),	Musculoskeletal		0		0	Approved	1
64633 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint), 64633 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guid	SPINAL STENOSIS THORACIC REGION(64633),Unknown(64633),SPINAL STENOSIS THORACIC REGION(64634),Unknown(64634),	Musculoskeletal		0		0	Denied	1
64633 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint), 64633 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guid	Unknown(64633),SPINAL STENOSIS THORACIC REGION(64633),Unknown(64634),SPINAL STENOSIS THORACIC REGION(64634),	Musculoskeletal		0		0	Denied	1
64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	OTHER CHRONIC PAIN(64635),Unknown(64635),Unknown(64635),OTHER CHRONIC PAIN(64635),OTHER CHRONIC PAIN(64636),OTHER CHRONIC PAIN(64636),Unknown(64636),Unknown(64636),	Musculoskeletal		0		0	Denied	1
64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	OTHER SPONDYLOSIS LUMBOSACRAL REGION(64635),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64635),Unknown(64635),Unknown(64635),Unknown(64636),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64636),OTHER SPONDYLOSIS LUMBOSACRAL REGION(64636)	Musculoskeletal		0		0	Denied	1
64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64635),Unknown(64635),Unknown(64635),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64635),	Musculoskeletal		0		0	Approved	2
64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64635),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64635),Unknown(64635),Unknown(64635),Unknown(64636),Unknown(64636),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64636),S	Musculoskeletal		0		0	Approved	1
64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64635),Unknown(64635),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64636),Unknown(64636),	Musculoskeletal		0		0	Denied	2
64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	Unknown(64635),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64635),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64635),Unknown(64635),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64636),Unknown(64636),Unknown(64636),S	Musculoskeletal		0		0	Approved	1

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64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	Unknown(64635),Unknown(64635),OTHER CHRONIC PAIN(64635),OTHER CHRONIC PAIN(64635),OTHER CHRONIC PAIN(64636),OTHER CHRONIC PAIN(64636),Unknown(64636),Unknown(64636),	Musculoskeletal		0		0	Denied	1
70336 (MRI Temporomandibular joint(s), TMJ), 70336 (MRI Temporomandibular joint(s), TMJ),	POLYARTHRTIS UNSPECIFIED(70336),Unknown(70336),	Imaging		0		0	Approved	1
70336 (MRI Temporomandibular joint(s), TMJ), 70336 (MRI Temporomandibular joint(s), TMJ), 70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area	LIMITED MANDIBULAR RANGE OF MOTION(70336),Limited mandibular range of motion(70336),Limited mandibular range of motion(70486),LIMITED MANDIBULAR RANGE OF MOTION(70486),LIMITED MANDIBULAR RANGE OF MOTION(70486),Limited mandibular r	Imaging		0		0	Denied	1
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),	CHRONIC MAXILLARY SINUSITIS(70450),Chronic maxillary sinusitis(70450),	Imaging		0		0	Approved	1
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),	DIZZINESS AND GIDDINESS(70450),Unknown(70450),	Imaging		0		0	Approved	1
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),	MILD COGNITIVE IMPAIRMENT SO STATED(70450),Unknown(70450),	Imaging		0		0	Approved	1
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),	OTHER HYDROCEPHALUS(70450),Unknown(70450),	Imaging		0		0	Denied	1
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),	Unknown(70450),CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR(70450),	Imaging		0		0	Denied	1
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),	Unknown(70450),TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED(70450),	Imaging		0		0	Approved	1
70480 (CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material), 70480 (CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without cont	Unknown(70480),Unknown(70480),Unknown(70486),Unknown(70486),	Imaging		0		0	Denied	1
70486 (CT SINUS, Maxillofacial Area; without contrast material),	COMPLETE LOSS TEETH D/T OTH SPEC CAUSE CLASS IV(70486),	Imaging		0		0	Approved	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material),	Acute sinusitis, unspecified(70486),ACUTE SINUSITIS UNSPECIFIED(70486),	Imaging		0		0	Approved	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material),	CHRONIC SINUSITIS UNSPECIFIED(70486),Chronic sinusitis, unspecified(70486),	Imaging		0		0	Denied	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material),	Chronic sinusitis, unspecified(70486),CHRONIC SINUSITIS UNSPECIFIED(70486),	Imaging		0		0	Approved	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material),	NASAL POLYP UNSPECIFIED(70486),Nasal polyp, unspecified(70486),	Imaging		0		0	Approved	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material),	POSTNASAL DRIP(70486),Postnasal drip(70486),	Imaging		0		0	Approved	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material),	Unknown(70486),CONDUCTIVE HEARING LOSS BILATERAL(70486),	Imaging		0		0	Denied	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material),	Unknown(70486),OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES(70486),	Imaging		0		0	Denied	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast materi	Chronic sinusitis, unspecified(70486),CHRONIC SINUSITIS UNSPECIFIED(70486),CHRONIC SINUSITIS UNSPECIFIED(70486),Chronic sinusitis, unspecified(70486),CHRONIC SINUSITIS UNSPECIFIED(71250),Chronic sinusitis, unspecified(71250),	Imaging		0		0	Denied	1
70486 (CT SINUS, Maxillofacial Area; without contrast material), 70486 (CT SINUS, Maxillofacial Area; without contrast material), 71270 (CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections), 71270 (CT CHEST	Unknown(70486),ACUTE RECURRENT SINUSITIS UNSPECIFIED(70486),Unknown(71270),ACUTE RECURRENT SINUSITIS UNSPECIFIED(71270),	Imaging		0		0	Approved	1

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70488 (CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections), 70488 (CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections), 70492 (CT NECK Soft Tissue; without contrast material), 70490 (CT NECK Soft Tissue; without contrast material),	Unknown(70488),DENTOFACIAL ANOMALY UNSPECIFIED(70488),Unknown(70492),DENTOFACIAL ANOMALY UNSPECIFIED(70492),	Imaging		0		0	Approved	1
70490 (CT NECK Soft Tissue; without contrast material), 70490 (CT NECK Soft Tissue; without contrast material),	Unknown(70490),VITAMIN D DEFICIENCY UNSPECIFIED(70490),	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)),	ACUTE LYMPHADENITIS OF FACE HEAD AND NECK(70491),Unknown(70491),	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)),	MALIGNANT NEOPLASM OF BASE OF TONGUE(70491),Malignant neoplasm of base of tongue(70491),	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)),	MALIGNANT NEOPLASM OF THYROID GLAND(70491),Unknown(70491),	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)),	Other chronic diseases of tonsils and adenoids(70491),OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS(70491),	Imaging		0		0	Approved	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)),	Unknown(70491),LOCALIZED SWELLING MASS AND LUMP NECK(70491),	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)), 70492 (CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections), 70492 (CT NECK Soft Tissue; without contra	LOCALIZED SWELLING MASS AND LUMP NECK(70491),Unknown(70491),Unknown(70492),LOCALIZED SWELLING MASS AND LUMP NECK(70492),	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	MALIGNANT NEOPLASM OF BASE OF TONGUE(70491),Malignant neoplasm of base of tongue(70491),MALIGNANT NEOPLASM OF BASE OF TONGUE(71260),Malignant neoplasm of base of tongue(71260),	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE(70491),Diffuse large B-cell lymphoma, unspecified site(70491),DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE(71260),Diffuse large B-cell lymphoma, unspecified site(71260),DIFFUSE LARGE B-C	Imaging		0		0	Approved	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen	KAPOSIS SARCOMA OF SKIN(70491),Kaposi's sarcoma of skin(70491),Kaposi's sarcoma of skin(71260),KAPOSIS SARCOMA OF SKIN(71260),Kaposi's sarcoma of skin(74177),KAPOSIS SARCOMA OF SKIN(74177),	Imaging		0		0	Approved	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen	Mantle cell lymphoma, lymph nodes of multiple sites(70491),MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES(70491),Mantle cell lymphoma, lymph nodes of multiple sites(71260),MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES(71260),Mantle	Imaging		0		0	Denied	1
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT NECK Soft Tissue; with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 78815 (PET/CT imaging, (concurrentl	Unknown(70491),OTHER DISEASES OF LARYNX(70491),Unknown(71260),OTHER DISEASES OF LARYNX(71260),Unknown(78815),OTHER DISEASES OF LARYNX(78815),	Imaging		0		0	Denied	1
70492 (CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections), 70492 (CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections),	Unknown(70492),CERVICALGIA(70492),	Imaging		0		0	Denied	1
70492 (CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections), 70492 (CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections),	Unknown(70492),LOCALIZED SWELLING MASS AND LUMP NECK(70492),	Imaging		0		0	Denied	1

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70492 (CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections), 70492 (CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections), 71270 (CT CHEST (thorax); without contrast material,	Unknown(70492),CERVICALGIA(70492),Unknown(71270),CERVICALGIA(71270),	Imaging		0		0	Denied	1
70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing), 70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing),	Fluency disorder following cerebral infarction(70496),FLUENCY DISORDER FOLLOWING CEREBRAL INFARCTION(70496),	Imaging		0		0	Approved	1
70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing), 70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing), 70498 (CTA NECK, without contra	CEREBRAL INFARCTION D/T UNS OCC/STENOSIS UNS ACA(70496),Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery(70496),CEREBRAL INFARCTION D/T UNS OCC/STENOSIS UNS ACA(70498),Cerebral infarction	Imaging		0		0	Approved	1
70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing), 70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing), 70498 (CTA NECK, without contra	Cerebral infarction due to thrombosis of right middle cerebral artery(70496),CEREBRAL INFARCT D/T THROMB RT MID CEREBRAL ART(70496),Cerebral infarction due to thrombosis of right middle cerebral artery(70498),CEREBRAL INFARCT D/T THROMB RT	Imaging		0		0	Approved	1
70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing), 70496 (CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing), 70498 (CTA NECK, without contra	Unknown(70496),OTHER CEREBROVASCULAR DISEASE(70496),Unknown(70498),OTHER CEREBROVASCULAR DISEASE(70498),Unknown(70551),OTHER CEREBROVASCULAR DISEASE(70551),	Imaging		0		0	Denied	1
70540 (MRI Orbit, Face, and Neck without contrast), 70540 (MRI Orbit, Face, and Neck without contrast),	Unknown(70540),TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE(70540),	Imaging		0		0	Denied	1
70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences), 70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences),	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with routine healing(70543),Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with routine h	Imaging		0		0	Approved	1
70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences), 70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences),	HEADACHE(70543),Unknown(70543),	Imaging		0		0	Denied	1
70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences), 70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences),	PAIN IN THROAT(70543),Pain in throat(70543),	Imaging		0		0	Denied	1
70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences), 70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(70543),LOCALIZED SWELLING MASS AND LUMP HEAD(70543),	Imaging		0		0	Approved	1
70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences), 70543 (MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(70543),LOCALIZED SWELLING MASS AND LUMP NECK(70543),	Imaging		0		0	Approved	1
70544 (MRA Head; without contrast material(s)), 70544 (MRA Head; without contrast material(s)),	ANESTHESIA OF SKIN(70544),Unknown(70544),	Imaging		0		0	Denied	1
70544 (MRA Head; without contrast material(s)), 70544 (MRA Head; without contrast material(s)),	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS(70544),Unknown(70544),	Imaging		0		0	Approved	1
70544 (MRA Head; without contrast material(s)), 70544 (MRA Head; without contrast material(s)), 70547 (MRA Neck; without contrast material(s)), 70547 (MRA Neck; without contrast material(s)),	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS(70544),Unknown(70544),MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS(70547),Unknown(70547),	Imaging		0		0	Denied	1

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70545 (MRA Head; with contrast material(s)), 70545 (MRA Head; with contrast material(s)),	CEREBRAL ISCHEMIA(70545),Cerebral ischemia(70545),	Imaging		0		0	Denied	1
70545 (MRA Head; with contrast material(s)), 70545 (MRA Head; with contrast material(s)),	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT(70545),Unknown(70545),	Imaging		0		0	Denied	1
70545 (MRA Head; with contrast material(s)), 70545 (MRA Head; with contrast material(s)), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, foll	Unknown(70545),OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN(70545),Unknown(70553),OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN(70553),	Imaging		0		0	Denied	1
70546 (MRA Head; without contrast material(s), followed by contrast material(s) and further sequences), 70546 (MRA Head; without contrast material(s), followed by contrast material(s) and further sequences), 70549 (MRA Neck; without contrast material(s),	Unknown(70546),MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS(70546),Unknown(70549),MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS(70549),Unknown(70553),MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS(70553),	Imaging		0		0	Denied	1
70549 (MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences), 70549 (MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences), 70549 (MRA Neck; without contrast material(s),	Unknown(70549),TINNITUS BILATERAL(70549),TINNITUS BILATERAL(70549),Unknown(70549),Unknown(70553),TINNITUS BILATERAL(70553),TINNITUS BILATERAL(70553),Unknown(70553),	Imaging		0		0	Denied	1
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI BRAIN (head); without contrast material),	HEADACHE(70551),Unknown(70551),	Imaging		0		0	Approved	1
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI BRAIN (head); without contrast material),	Unknown(70551),ALTERNATING EXOTROPIA(70551),	Imaging		0		0	Approved	1
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI BRAIN (head); without contrast material),	Unknown(70551),LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE(70551),	Imaging		0		0	Denied	1
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI BRAIN (head); without contrast material),	Unknown(70551),MACROCEPHALY(70551),	Imaging		0		0	Approved	1
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI BRAIN (head); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without c	Unknown(70551),RADICULOPATHY CERVICAL REGION(70551),RADICULOPATHY CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Approved	1
70552 (MRI BRAIN (head); with contrast material(s)), 70552 (MRI BRAIN (head); with contrast material(s)),	OTH BENIGN NEOPLASM SKIN UNS EYELID INCL CANTHUS(70552),Other benign neoplasm of skin of unspecified eyelid, including canthus(70552),	Imaging		0		0	Denied	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	CHRONIC PANSINUSITIS(70553),Chronic pansinusitis(70553),	Imaging		0		0	Approved	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	DIZZINESS AND GIDDINESS(70553),Unknown(70553),	Imaging		0		0	Denied	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Testicular hypofunction(70553),TESTICULAR HYPOFUNCTION(70553),	Imaging		0		0	Denied	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Unknown(70553),BENIGN NEOPLASM OF PITUITARY GLAND(70553),	Imaging		0		0	Approved	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Unknown(70553),FX VAULT SKULL SUBSQT ENC FX W/ROUTINE HEALING(70553),	Imaging		0		0	Approved	1

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70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Unknown(70553),NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN(70553),	Imaging		0		0	Approved	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Unknown(70553),NEW DAILY PERSISTENT HEADACHE(70553),	Imaging		0		0	Approved	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Unknown(70553),OTHER AMNESIA(70553),	Imaging		0		0	Approved	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Unknown(70553),SENSORINURL HL UNI RT EAR UNRESTRCT CNTRLAT SIDE(70553),	Imaging		0		0	Denied	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences),	Unspecified disturbances of smell and taste(70553),UNSPECIFIED DISTURBANCES OF SMELL AND TASTE(70553),	Imaging		0		0	Approved	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 72142 (MRI Cervical Spine, (spinal ca	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED(70553),Unknown(70553),Unknown(72142),MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED(72142),MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED(72147),Unknown(72147),Unknown(72149),MALIGNANT NEOPLASM	Imaging		0		0	Denied	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 72146 (MRI Thoracic Spine, (spinal ca	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS(70553),Unknown(70553),Unknown(72146),NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS(72146),	Imaging		0		0	Denied	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 72147 (MRI Thoracic Spine, (spinal ca	Unknown(70553),MALIGNANT NEOPLASM OF CEREBELLUM(70553),MALIGNANT NEOPLASM OF CEREBELLUM(72147),Unknown(72147),Unknown(72149),MALIGNANT NEOPLASM OF CEREBELLUM(72149),	Imaging		0		0	Denied	1
70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal ca	Unknown(70553),DISEASE OF SPINAL CORD UNSPECIFIED(70553),Unknown(72156),DISEASE OF SPINAL CORD UNSPECIFIED(72156),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS(71250),Unknown(71250),	Imaging		0		0	Denied	2
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS(71250),Unknown(71250),	Imaging		0		0	Approved	2
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Mucopurulent chronic bronchitis(71250),MUCOPURULENT CHRONIC BRONCHITIS(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	PERSONAL HISTORY OF NICOTINE DEPENDENCE(71250),Unknown(71250),	Imaging		0		0	Denied	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	SHORTNESS OF BREATH(71250),Unknown(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),CHEST PAIN UNSPECIFIED(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),COUGH(71250),	Imaging		0		0	Approved	1

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71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),DYSPNEA UNSPECIFIED(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),LOCALIZED SWELLING MASS AND LUMP TRUNK(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),MODERATE PERSISTENT ASTHMA UNCOMPLICATED(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),OTHER FORMS OF DYSPNEA(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),SHORTNESS OF BREATH(71250),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	PNEUMONIA UNSPECIFIED ORGANISM(71250),Unknown(71250),PNEUMONIA UNSPECIFIED ORGANISM(71250),Unknown(71250),	Imaging		0		0	Denied	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material), G0297 (Low dose CT scan (LDCT) for lung cancer screening), G0297 (Low dose CT scan (LDCT) for lung cancer screening),	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS(71250),Encounter for screening for malignant neoplasm of respiratory organs(71250),ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS(G0297),Encounter for screening for malignant neoplasm of re	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	CHEST PAIN UNSPECIFIED(71260),Unknown(71260),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	ILLNESS UNSPECIFIED(71260),Unknown(71260),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST(71260),Unknown(71260),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	MALIGNANT NEOPLASM OF VAGINA(71260),Malignant neoplasm of vagina(71260),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS(71260),Unknown(71260),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	Other specified types of non-Hodgkin lymphoma, unspecified site(71260),OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE(71260),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	SHORTNESS OF BREATH(71260),Unknown(71260),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS(71260),Unknown(71260),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	Unknown(71260),MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION(71260),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	Unknown(71260),OTHER CHEST PAIN(71260),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)),	Unknown(71260),GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS(71260),GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS(71260),Unknown(71260),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(ABNORMAL WEIGHT LOSS(71260),Unknown(71260),ABNORMAL WEIGHT LOSS(74177),Unknown(74177),	Imaging		0		0	Denied	1

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71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES(71260),Diffuse large B-cell lymphoma, intra-abdominal lymph nodes(71260),DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES(74177),Diffuse large B-cell lymphoma, intra-abdominal lymph nodes(74177	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST(71260),Unknown(71260),Unknown(74177),MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST(74177),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended(71260),MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND(71260),MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND(74177),Malignant neoplasm of unspecified	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST(71260),Unknown(71260),MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST(74177),Unknown(74177),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	Other specified types of non-Hodgkin lymphoma, unspecified site(71260),OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE(71260),Other specified types of non-Hodgkin lymphoma, unspecified site(74177),OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes(71260),SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES(71260),Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes(74177),SEC & UNS MA	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	Unknown(71260),LOCALIZED ENLARGED LYMPH NODES(71260),Unknown(74177),LOCALIZED ENLARGED LYMPH NODES(74177),	Imaging		0		0	Approved	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	Unknown(71260),MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST(71260),Unknown(74177),MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST(74177),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	Unknown(71260),MALIGNANT NEOPLASM OF COLON UNSPECIFIED(71260),Unknown(74177),MALIGNANT NEOPLASM OF COLON UNSPECIFIED(74177),	Imaging		0		0	Approved	2
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(Unknown(71260),MALIGNANT NEOPLASM OF RECTUM(71260),Unknown(74177),MALIGNANT NEOPLASM OF RECTUM(74177),	Imaging		0		0	Denied	1

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71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(Unknown(71260),MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG(71260),Unknown(74177),MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG(74177),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(	Unknown(71260),MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST(71260),Unknown(74177),MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST(74177),	Imaging		0		0	Denied	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further	Unknown(71260),MALIGNANT NEOPLASM OF THYROID GLAND(71260),Unknown(74178),MALIGNANT NEOPLASM OF THYROID GLAND(74178),	Imaging		0		0	Denied	1
71270 (CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections), 71270 (CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections), 74178 (Computed tomography; abdomen a	DYSPHAGIA UNSPECIFIED(71270),Unknown(71270),Unknown(74178),DYSPHAGIA UNSPECIFIED(74178),	Imaging		0		0	Approved	1
71270 (CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections), 71270 (CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections), 74178 (Computed tomography; abdomen a	Malignant neoplasm of anal canal(71270),MALIGNANT NEOPLASM OF ANAL CANAL(71270),Malignant neoplasm of anal canal(74178),MALIGNANT NEOPLASM OF ANAL CANAL(74178),	Imaging		0		0	Denied	1
71275 (CT CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing), 71275 (CT CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image	SYNCOPE AND COLLAPSE(71275),Unknown(71275),	Imaging		0		0	Denied	1
71275 (CT CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing), 71275 (CT CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image	Unknown(71275),SOLITARY PULMONARY NODULE(71275),	Imaging		0		0	Approved	1
71550 (MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast), 71550 (MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast),	Unspecified injury of muscle and tendon of front wall of thorax, initial encounter(71550),UNS INJ MUSCLE & TENDON FRONT WALL THORAX INIT(71550),	Imaging		0		0	Denied	1
71552 (MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences), 71552 (MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); withou	Unknown(71552),LOCALIZED SWELLING MASS AND LUMP TRUNK(71552),	Imaging		0		0	Denied	1
72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material),	CERVICALGIA(72125),Unknown(72125),	Imaging		0		0	Approved	1
72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material),	CERVICALGIA(72125),Unknown(72125),	Imaging		0		0	Denied	1
72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material),	SPINAL STENOSIS CERVICAL REGION(72125),Unknown(72125),	Imaging		0		0	Denied	1
72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material),	Unknown(72125),DORSALGIA UNSPECIFIED(72125),	Imaging		0		0	Denied	1
72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material),	Unknown(72125),RADICULOPATHY CERVICAL REGION(72125),	Imaging		0		0	Denied	1
72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material), 72128 (CT Thoracic Spine; without contrast material), 72128 (CT Thoracic Spine; without contrast material), 72131 (CT Lumbar Spine; without contras	SPINAL STENOSIS THORACIC REGION(72125),Unknown(72125),SPINAL STENOSIS THORACIC REGION(72128),Unknown(72128),SPINAL STENOSIS THORACIC REGION(72131),Unknown(72131),	Imaging		0		0	Denied	1

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72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material), 72131 (CT Lumbar Spine; without contrast material), 72131 (CT Lumbar Spine; without contrast material),	Unknown(72125),RADICULOPATHY CERVICAL REGION(72125),Unknown(72131),RADICULOPATHY CERVICAL REGION(72131),	Imaging		0		0	Denied	1
72125 (CT Cervical Spine; without contrast material), 72125 (CT Cervical Spine; without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(72125),Unknown(72125),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(72141),Unknown(72141),	Imaging		0		0	Approved	1
72125 (CT Cervical Spine; without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without	Unknown(72125),OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION(72125),Unknown(72146),OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION(72146),	Imaging		0		0	Denied	1
72126 (CT Cervical Spine; with contrast material), 72126 (CT Cervical Spine; with contrast material),	SPINAL STENOSIS CERVICAL REGION(72126),Unknown(72126),	Imaging		0		0	Approved	1
72126 (CT Cervical Spine; with contrast material), 72126 (CT Cervical Spine; with contrast material), 72132 (CT Lumbar Spine; with contrast material), 72132 (CT Lumbar Spine; with contrast material),	RADICULOPATHY CERVICAL REGION(72126),Unknown(72126),RADICULOPATHY CERVICAL REGION(72132),Unknown(72132),	Imaging		0		0	Denied	1
72131 (CT Lumbar Spine; without contrast material), 72131 (CT Lumbar Spine; without contrast material),	LOW BACK PAIN(72131),Unknown(72131),	Imaging		0		0	Approved	1
72131 (CT Lumbar Spine; without contrast material), 72131 (CT Lumbar Spine; without contrast material),	SPONDYLOSIS UNSPECIFIED(72131),Unknown(72131),	Imaging		0		0	Denied	1
72131 (CT Lumbar Spine; without contrast material), 72131 (CT Lumbar Spine; without contrast material),	Unknown(72131),RADICULOPATHY LUMBAR REGION(72131),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	ABNORMAL REFLEX(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	ANESTHESIA OF SKIN(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Benign intracranial hypertension(72141),BENIGN INTRACRANIAL HYPERTENSION(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	CERVICALGIA(72141),Unknown(72141),	Imaging		0		0	Approved	4
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	CERVICALGIA(72141),Unknown(72141),	Imaging		0		0	Denied	4
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	COMPLEX REGIONAL PAIN SYNDROME I LEFT UPPER LIMB(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	FUSION OF SPINE CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	MONONEUROPATHY UNSPECIFIED(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION(72141),Unknown(72141),	Imaging		0		0	Denied	1

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72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	OTHER CHRONIC PAIN(72141),Unknown(72141),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	PARESTHESIA OF SKIN(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Approved	3
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Denied	3
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY SITE UNSPECIFIED(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	SPINAL STENOSIS CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	SPONDYLOLISTHESIS CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(72141),Unknown(72141),	Imaging		0		0	Denied	2
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),CERVICALGIA(72141),	Imaging		0		0	Approved	2
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),CERVICALGIA(72141),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION(72141),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),PAIN IN THORACIC SPINE(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),RADICULOPATHY CERVICAL REGION(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),RADICULOPATHY CERVICAL REGION(72141),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	Unknown(72141),Unknown(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material),	VITAMIN D DEFICIENCY UNSPECIFIED(72141),Unknown(72141),	Imaging		0		0	Denied	1

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72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 721	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION(72141),Unknown(72141),CERVICAL DISC DISORDER UNS UNS CERVICAL REGION(72141),Unknown(72141),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC(72141),Unknown(72141),INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC(72146),Unknown(72146),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72141),Unknown(72141),OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72146),Unknown(72146),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	OTHER CHRONIC PAIN(72141),Unknown(72141),OTHER CHRONIC PAIN(72146),Unknown(72146),Unknown(72148),OTHER CHRONIC PAIN(72148),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	OTHER SPECIFIED CONGENITAL MALFORMATION SYND NEC(72141),Unknown(72141),OTHER SPECIFIED CONGENITAL MALFORMATION SYND NEC(72146),Unknown(72146),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN(72141),Unknown(72141),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN(72146),Unknown(72146),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN(72148),Unknown(72148),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	Unknown(72141),OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72141),OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72146),Unknown(72146),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	Unknown(72141),SACROCOCCYGEAL DISORDERS NEC(72141),SACROCOCCYGEAL DISORDERS NEC(72146),Unknown(72146),Unknown(72148),SACROCOCCYGEAL DISORDERS NEC(72148),SACROCOCCYGEAL DISORDERS NEC(72195),Unknown(72195),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148	CERVICALGIA(72141),Unknown(72141),CERVICALGIA(72148),Unknown(72148),CERVICALGIA(73721),Unknown(73721),	Imaging		0		0	Denied	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72141),Unknown(72141),Unknown(72148),OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72148),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148	Unknown(72141),RADICULOPATHY CERVICAL REGION(72141),RADICULOPATHY CERVICAL REGION(72148),Unknown(72148),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148	Unknown(72141),RADICULOPATHY CERVICAL REGION(72141),Unknown(72148),RADICULOPATHY CERVICAL REGION(72148),	Imaging		0		0	Denied	1

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72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, follow	Unknown(72141),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(72141),Unknown(72158),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(72158),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper	Unknown(72141),RADICULOPATHY CERVICAL REGION(72141),Unknown(73221),RADICULOPATHY CERVICAL REGION(73221),	Imaging		0		0	Denied	1
72142 (MRI Cervical Spine, (spinal canal and contents); with contrast material(s)), 72142 (MRI Cervical Spine, (spinal canal and contents); with contrast material(s)), 72147 (MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)), 721	Malignant neoplasm of unspecified optic nerve(72142),MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE(72142),MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE(72147),Malignant neoplasm of unspecified optic nerve(72147),Malignant neoplasm of u	Imaging		0		0	Approved	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material),	CERVICALGIA(72146),Unknown(72146),	Imaging		0		0	Approved	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION(72146),Unknown(72146),	Imaging		0		0	Denied	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY CERVICAL REGION(72146),Unknown(72146),	Imaging		0		0	Denied	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY THORACIC REGION(72146),Unknown(72146),	Imaging		0		0	Denied	2
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material),	Unknown(72146),OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION(72146),	Imaging		0		0	Approved	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material),	Unknown(72146),RADICULOPATHY THORACIC REGION(72146),	Imaging		0		0	Approved	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material),	Unknown(72146),WEDGE COMPRS FRACTURE UNS THORACIC VERTEBRA SEQ(72146),	Imaging		0		0	Denied	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	Unknown(72146),Unknown(72146),SPINAL STENOSIS THORACIC REGION(72146),SPINAL STENOSIS THORACIC REGION(72146),	Imaging		0		0	Denied	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148	CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG(72146),Unknown(72146),CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG(72148),Unknown(72148),	Imaging		0		0	Denied	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148	Unknown(72146),LOW BACK PAIN(72146),LOW BACK PAIN(72148),Unknown(72148),	Imaging		0		0	Approved	1
72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148	Unknown(72146),RADICULOPATHY LUMBAR REGION(72146),RADICULOPATHY LUMBAR REGION(72148),Unknown(72148),	Imaging		0		0	Denied	1

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72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 74181 (MRI ABDOMEN; without contrast material(s)), 74181 (MRI ABDOMEN; without contrast material(s))	RADICULOPATHY THORACIC REGION(72146),Unknown(72146),RADICULOPATHY THORACIC REGION(74181),Unknown(74181)	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Spinal stenosis, lumbar region with neurogenic claudication(72148)	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Spinal stenosis, lumbar region without neurogenic claud(72148)	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	LOW BACK PAIN(72148),Unknown(72148)	Imaging		0		0	Approved	7
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	LOW BACK PAIN(72148),Unknown(72148)	Imaging		0		0	Denied	2
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	LUMBAGO WITH SCIATICA LEFT SIDE(72148),Unknown(72148)	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	LUMBAGO WITH SCIATICA RIGHT SIDE(72148),Unknown(72148)	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE(72148),Unknown(72148)	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION(72148),Unknown(72148)	Imaging		0		0	Approved	4
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION(72148),Unknown(72148)	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION(72148),Unknown(72148)	Imaging		0		0	Approved	2
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION(72148),Unknown(72148)	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION(72148),Unknown(72148)	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN(72148),Unknown(72148)	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION(72148),Unknown(72148)	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTHER ACQUIRED DEFORMITIES OF UNSPECIFIED FOOT(72148),Unknown(72148)	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES(72148),Unknown(72148)	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION(72148),Unknown(72148)	Imaging		0		0	Approved	1

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72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	PAIN IN RIGHT HIP(72148),Unknown(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY CERVICAL REGION(72148),Unknown(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY LUMBAR REGION(72148),Unknown(72148),	Imaging		0		0	Approved	8
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY LUMBAR REGION(72148),Unknown(72148),	Imaging		0		0	Denied	11
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY LUMBOSACRAL REGION(72148),Unknown(72148),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	RADICULOPATHY LUMBOSACRAL REGION(72148),Unknown(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	SPONDYLOLISTHESIS LUMBAR REGION(72148),Unknown(72148),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	SPONDYLOLYSIS LUMBOSACRAL REGION(72148),Unknown(72148),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(72148),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),LOW BACK PAIN(72148),	Imaging		0		0	Approved	6
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),LOW BACK PAIN(72148),	Imaging		0		0	Denied	6
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION(72148),	Imaging		0		0	Approved	2
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION(72148),	Imaging		0		0	Denied	2
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),OTHER CHRONIC PAIN(72148),	Imaging		0		0	Denied	3
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),OTHER SPONDYLOSIS LUMBAR REGION(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),POLYNEUROPATHY UNSPECIFIED(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),RADICULOPATHY LUMBAR REGION(72148),	Imaging		0		0	Approved	7

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72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),RADICULOPATHY LUMBAR REGION(72148),	Imaging		0		0	Denied	5
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),SCIATICA RIGHT SIDE(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),SPINAL STENOSIS SITE UNSPECIFIED(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),SPONDYLOLISTHESIS LUMBAR REGION(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),SPONDYLOLISTHESIS SITE UNSPECIFIED(72148),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),SPONDYLOLYSIS LUMBAR REGION(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O(72148),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	WEDGE COMPRS FRACTURE UNS THORACIC VERTEBRA SEQ(72148),Unknown(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	Unknown(72148),OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION(72148),Unknown(72148),OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION(72148),	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), followed	Unknown(72148),CERVICALGIA(72148),CERVICALGIA(72156),Unknown(72156),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material), followed	Unknown(72148),RADICULOPATHY LUMBAR REGION(72148),RADICULOPATHY LUMBAR REGION(72156),Unknown(72156),	Imaging		0		0	Approved	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Low	Unknown(72148),BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE(72148),Unknown(73718),BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE(73718),BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE(73721),BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE(73721),Unk	Imaging		0		0	Denied	1
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 73722 (MRI Lower Extremity, any joint; with contrast material(s)), 73722 (MRI Lower Extremi	Unknown(72148),PAIN IN RIGHT HIP(72148),Unknown(73722),Unknown(73722),PAIN IN RIGHT HIP(73722),PAIN IN RIGHT HIP(73722),	Imaging		0		0	Denied	1
72149 (MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)), 72149 (MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)),	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION(72149),Unknown(72149),	Imaging		0		0	Approved	1
72149 (MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)), 72149 (MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)),	RADICULOPATHY SITE UNSPECIFIED(72149),Unknown(72149),	Imaging		0		0	Denied	1

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72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE(72156),Unknown(72156),	Imaging		0		0	Approved	1
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Unknown(72156),BENIGN NEOPLASM OF SPINAL CORD(72156),	Imaging		0		0	Approved	1
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Unknown(72156),CERVICALGIA(72156),	Imaging		0		0	Approved	1
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Unknown(72156),MENINGITIS UNSPECIFIED(72156),	Imaging		0		0	Denied	1
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Unknown(72156),OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION(72156),	Imaging		0		0	Approved	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI(72158),Unknown(72158),	Imaging		0		0	Approved	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	LOW BACK PAIN(72158),Unknown(72158),	Imaging		0		0	Approved	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	OTHER CHRONIC PAIN(72158),Unknown(72158),	Imaging		0		0	Approved	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	PAIN IN LEFT HIP(72158),Unknown(72158),PAIN IN LEFT HIP(73721),Unknown(73721),	Imaging		0		0	Denied	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	PAIN IN UNSPECIFIED HIP(72158),Unknown(72158),Unknown(73721),Unknown(73721),PAIN IN UNSPECIFIED HIP(73721),PAIN IN UNSPECIFIED HIP(73721),	Imaging		0		0	Denied	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	RADICULOPATHY LUMBAR REGION(72158),Unknown(72158),	Imaging		0		0	Denied	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	Unknown(72158),LOW BACK PAIN(72158),	Imaging		0		0	Approved	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	Unknown(72158),LOW BACK PAIN(72158),	Imaging		0		0	Denied	1

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72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences),	Unknown(72158),LUMBAGO WITH SCIATICA LEFT SIDE(72158),	Imaging		0		0	Denied	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences),	Unknown(72158),MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST(72158),Unknown(73723),MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST(73723),	Imaging		0		0	Denied	1
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences),	Unknown(72158),RADICULOPATHY LUMBAR REGION(72158),	Imaging		0		0	Approved	2
72193 (CT PELVIS; with contrast material(s)), 72193 (CT PELVIS; with contrast material(s)),	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE(72193),Unknown(72193),	Imaging		0		0	Approved	1
72195 (MRI PELVIS; without contrast material(s)), 72195 (MRI PELVIS; without contrast material(s)),	PAIN IN LEFT THIGH(72195),Unknown(72195),	Imaging		0		0	Approved	1
72195 (MRI PELVIS; without contrast material(s)), 72195 (MRI PELVIS; without contrast material(s)),	SACROILIITIS NOT ELSEWHERE CLASSIFIED(72195),Unknown(72195),	Imaging		0		0	Denied	1
72196 (MRI PELVIS; with contrast material(s)), 72196 (MRI PELVIS; with contrast material(s)),	Unknown(72196),SACROCOCCYGEAL DISORDERS NEC(72196),	Imaging		0		0	Denied	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Elevated prostate specific antigen [PSA](72197),Unknown(72197),	Imaging		0		0	Denied	2
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Malignant neoplasm of prostate(72197),MALIGNANT NEOPLASM OF PROSTATE(72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Malignant neoplasm of prostate(72197),MALIGNANT NEOPLASM OF PROSTATE(72197),	Imaging		0		0	Denied	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Malignant neoplasm of vagina(72197),MALIGNANT NEOPLASM OF VAGINA(72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM(72197),Unknown(72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	OTHER SPECIFIED DISEASES OF LIVER(72197),Unknown(72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Other specified noninflammatory disorders of uterus(72197),OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS(72197),	Imaging		0		0	Denied	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA(72197),Unknown(72197),	Imaging		0		0	Denied	1

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72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	RECURRENT PREGNANCY LOSS(72197),Recurrent pregnancy loss(72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(72197),Elevated prostate specific antigen [PSA](72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(72197),MALIGNANT NEOPLASM OF ENDOCERVIX(72197),	Imaging		0		0	Denied	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(72197),OTHER CHRONIC PAIN(72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(72197),Unspecified ovarian cyst, right side(72197),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast materia	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG(72197),Malignant neoplasm of overlapping sites of right bronchus and lung(72197),Malignant neoplasm of overlapping sites of right bronchus and lung(72197),MALIGNANT NEOPLASM OVERLAP SITE	Imaging		0		0	Denied	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 74177 (Computed tomography; abdomen and pel	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND(72197),Malignant neoplasm of unspecified testis, unspecified whether descended or undescended(72197),MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND(74177),Malignant neoplasm of unspecified	Imaging		0		0	Denied	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast materi	CROHNS DISEASE UNS WITHOUT COMPLICATIONS(72197),Unknown(72197),CROHNS DISEASE UNS WITHOUT COMPLICATIONS(74183),Unknown(74183),	Imaging		0		0	Denied	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast materi	NONINFECTIVE GASTROENTERITIS & COLITIS UNS(72197),Unknown(72197),NONINFECTIVE GASTROENTERITIS & COLITIS UNS(74183),Unknown(74183),	Imaging		0		0	Approved	1
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 76377 (3D Rendering with interpretation and	Elevated prostate specific antigen [PSA](72197),Unknown(72197),Elevated prostate specific antigen [PSA](76377),Unknown(76377),Unknown(76377),Elevated prostate specific antigen [PSA](76377),	Imaging		0		0	Denied	2
73200 (CT Upper Extremity; without contrast material), 73200 (CT Upper Extremity; without contrast material),	Unknown(73200),PAIN IN RIGHT SHOULDER(73200),	Imaging		0		0	Denied	1
73200 (CT Upper Extremity; without contrast material), 73200 (CT Upper Extremity; without contrast material),	UNS FX NAVICULAR BONE UNS WRIST SUB FX RTN HEAL(73200),Unspecified fracture of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing(73200),	Imaging		0		0	Approved	1
73218 (MRI Upper Extremity, other than joint; without contrast material(s)), 73218 (MRI Upper Extremity, other than joint; without contrast material(s)),	GANGLION RIGHT HAND(73218),Unknown(73218),	Imaging		0		0	Denied	1

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73218 (MRI Upper Extremity, other than joint; without contrast material(s)), 73218 (MRI Upper Extremity, other than joint; without contrast material(s)),	PAIN IN RIGHT ARM(73218),Unknown(73218),	Imaging		0		0	Approved	1
73218 (MRI Upper Extremity, other than joint; without contrast material(s)), 73218 (MRI Upper Extremity, other than joint; without contrast material(s)),	SPRAIN METACARPOTRAPHALANGEAL JOINT LEFT THUMB INIT(73218),Unknown(73218),	Imaging		0		0	Approved	1
73220 (MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences), 73220 (MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further s	Other juvenile arthritis, unspecified site(73220),OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE(73220),OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE(73220),Other juvenile arthritis, unspecified site(73220),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	BICIPITAL TENDINITIS RIGHT SHOULDER(73221),Unknown(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	IMPINGEMENT SYNDROME OF LEFT SHOULDER(73221),Unknown(73221),	Imaging		0		0	Approved	2
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	IMPINGEMENT SYNDROME OF LEFT SHOULDER(73221),Unknown(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER(73221),Unknown(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	LATERAL EPICONDYLITIS RIGHT ELBOW(73221),Unknown(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	OTHER CHRONIC PAIN(73221),Unknown(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Other injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, sequela(73221),OTH INJURY MUSC & TEND ROTATOR CUFF RT SHLDR SEQ(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	OTHER MYOSITIS RIGHT UPPER ARM(73221),Unknown(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	PAIN IN LEFT SHOULDER(73221),Unknown(73221),	Imaging		0		0	Approved	4
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	PAIN IN LEFT SHOULDER(73221),Unknown(73221),	Imaging		0		0	Denied	3
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	PAIN IN RIGHT ELBOW(73221),Unknown(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	PAIN IN RIGHT SHOULDER(73221),Unknown(73221),	Imaging		0		0	Approved	2
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	PAIN IN RIGHT WRIST(73221),Unknown(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	PAIN IN UNSPECIFIED SHOULDER(73221),Unknown(73221),	Imaging		0		0	Approved	1

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73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Sprain of other part of right wrist and hand, initial encounter(73221),SPRAIN OTHER PART RT WRIST & HAND INITIAL ENC(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),EHLERS-DANLOS SYNDROME(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),GANGLION UNSPECIFIED WRIST(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),IMPINGEMENT SYNDROME OF LEFT SHOULDER(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),LATERAL EPICONDYLITIS LEFT ELBOW(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),LATERAL EPICONDYLITIS RIGHT ELBOW(73221),	Imaging		0		0	Denied	2
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),OTHER SHOULDER LESIONS LEFT SHOULDER(73221),	Imaging		0		0	Approved	2
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),PAIN IN LEFT SHOULDER(73221),	Imaging		0		0	Denied	4
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),PAIN IN RIGHT SHOULDER(73221),	Imaging		0		0	Approved	2
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),PAIN IN RIGHT SHOULDER(73221),	Imaging		0		0	Denied	3
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),PAIN IN UNSPECIFIED SHOULDER(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT(73221),Unknown(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT(73221),Unknown(73221),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT(73221),Unknown(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	UNSPECIFIED SPRAIN LT SHOULDER JOINT INITIAL ENC(73221),Unknown(73221),	Imaging		0		0	Approved	1

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)),	OTHER INSTABILITY LEFT WRIST(73222),Unknown(73222),	Imaging		0		0	Denied	1
73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)),	PAIN IN LEFT SHOULDER(73222),Unknown(73222),	Imaging		0		0	Approved	1
73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)),	Unknown(73222),OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC(73222),	Imaging		0		0	Approved	1
73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)),	Unknown(73222),PAIN IN RIGHT SHOULDER(73222),	Imaging		0		0	Approved	1
73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)),	Unknown(73222),SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT(73222),	Imaging		0		0	Approved	1
73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences),	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER(73223),Malignant melanoma of left upper limb, including shoulder(73223),	Imaging		0		0	Denied	1
73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences),	PAIN IN RIGHT HAND(73223),Unknown(73223),	Imaging		0		0	Denied	1
73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(73223),GANGLION UNSPECIFIED SITE(73223),	Imaging		0		0	Denied	1
73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(73223),PRIMARY OSTEOARTHRITIS LEFT SHOULDER(73223),	Imaging		0		0	Denied	1
73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 73223 (MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences),	Unknown(73223),RHEUMATOID ARTHRITIS UNSPECIFIED(73223),	Imaging		0		0	Approved	1
73700 (CT Lower Extremity; without contrast material), 73700 (CT Lower Extremity; without contrast material),	PAIN IN LEFT KNEE(73700),Unknown(73700),	Imaging		0		0	Approved	1
73700 (CT Lower Extremity; without contrast material), 73700 (CT Lower Extremity; without contrast material),	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE(73700),Stress fracture, right foot, initial encounter for fracture(73700),	Imaging		0		0	Denied	1
73700 (CT Lower Extremity; without contrast material), 73700 (CT Lower Extremity; without contrast material),	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE(73700),Unknown(73700),	Imaging		0		0	Approved	1
73700 (CT Lower Extremity; without contrast material), 73700 (CT Lower Extremity; without contrast material),	Unknown(73700),PAIN IN UNSPECIFIED FOOT(73700),	Imaging		0		0	Approved	1
73700 (CT Lower Extremity; without contrast material), 73700 (CT Lower Extremity; without contrast material), 73700 (CT Lower Extremity; without contrast material), 73700 (CT Lower Extremity; without contrast material),	UNEQUAL LIMB LENGTH ACQUIRED RIGHT FEMUR(73700),UNEQUAL LIMB LENGTH ACQUIRED RIGHT FEMUR(73700),UNEQUAL LIMB LENGTH ACQUIRED RIGHT FEMUR(73700),UNEQUAL LIMB LENGTH ACQUIRED RIGHT FEMUR(73700),Unknown(73700),Unknown(73700),Unk	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	CONTUSION OF RIGHT FOOT INITIAL ENCOUNTER(73718),Unknown(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	M21.621(73718),Unknown(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	PAIN IN LEFT FOOT(73718),Unknown(73718),	Imaging		0		0	Approved	1

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73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	PAIN IN LEFT LOWER LEG(73718),Unknown(73718),	Imaging		0		0	Approved	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	PAIN IN RIGHT FOOT(73718),Unknown(73718),	Imaging		0		0	Approved	2
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	PAIN IN RIGHT FOOT(73718),Unknown(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	PAIN IN RIGHT THIGH(73718),Unknown(73718),	Imaging		0		0	Approved	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE(73718),Stress fracture, right foot, initial encounter for fracture(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	Unknown(73718),OTHER INSTABILITY LEFT ANKLE(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	Unknown(73718),PAIN IN LEFT FOOT(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	Unknown(73718),PAIN IN LEFT LEG(73718),	Imaging		0		0	Approved	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	Unknown(73718),PAIN IN RIGHT LEG(73718),	Imaging		0		0	Approved	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	Unknown(73718),PAIN IN RIGHT LOWER LEG(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	Unknown(73718),UNSPECIFIED SPRAIN LEFT FOOT INITIAL ENCOUNTER(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	UNSPECIFIED SPRAIN LEFT FOOT INITIAL ENCOUNTER(73718),Unknown(73718),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	PAIN IN LEFT FOOT(73718),Unknown(73718),Unknown(73718),PAIN IN LEFT FOOT(73718),	Imaging		0		0	Denied	1
73719 (MRI Lower Extremity, other than joint; with contrast material(s)), 73719 (MRI Lower Extremity, other than joint; with contrast material(s)),	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB(73719),Unknown(73719),	Imaging		0		0	Denied	1
73720 (MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences), 73720 (MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further s	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB(73720),Unknown(73720),	Imaging		0		0	Approved	1
73720 (MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences), 73720 (MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further s	PAIN IN RIGHT ANKLE(73720),Unknown(73720),	Imaging		0		0	Approved	1
73720 (MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences), 73720 (MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further s	Unknown(73720),OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT(73720),	Imaging		0		0	Approved	1

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73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	EFFUSION LEFT KNEE(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	GOUT UNSPECIFIED(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	OTHER SYNOVITIS & TENOSYNOVITIS LT ANKLE & FOOT(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PAIN IN LEFT HIP(73721),Unknown(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PAIN IN LEFT HIP(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PAIN IN LEFT KNEE(73721),Unknown(73721),	Imaging		0		0	Approved	4
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PAIN IN LEFT KNEE(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PAIN IN RIGHT ANKLE(73721),Unknown(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PAIN IN RIGHT HIP(73721),Unknown(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PAIN IN RIGHT HIP(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	PLANTAR FASCIAL FIBROMATOSIS(73721),Unknown(73721),	Imaging		0		0	Denied	2
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Post-traumatic osteoarthritis, left ankle and foot(73721),POST-TRAUMATIC OSTEOARTHRITIS LEFT ANKLE & FOOT(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Rheumatoid arthritis without rheumatoid factor, multiple sites(73721),RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	SPRAIN OTHER LIGAMENT LT ANKLE SUBSEQUENT ENCNR(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	TRAUMATIC ARTHROPATHY LEFT KNEE(73721),Unknown(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT KNEE(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),LOCALIZED EDEMA(73721),	Imaging		0		0	Denied	1

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73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),OTHER CHRONIC PAIN(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),PAIN IN LEFT ANKLE(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),PAIN IN LEFT HIP(73721),	Imaging		0		0	Approved	3
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),PAIN IN LEFT KNEE(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),PAIN IN RIGHT KNEE(73721),	Imaging		0		0	Approved	3
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),PAIN IN RIGHT KNEE(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC(73721),	Imaging		0		0	Approved	2
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	Unknown(73721),UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)),	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE(73721),Unknown(73721),	Imaging		0		0	Approved	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without	OTHER CHRONIC PAIN(73721),Unknown(73721) ,OTHER CHRONIC PAIN(73721),Unknown(73721) ,OTHER CHRONIC PAIN(73722),Unknown(73722),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without	PAIN IN LEFT KNEE(73721),Unknown(73721),PAIN IN LEFT KNEE(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without	PAIN IN RIGHT ANKLE(73721),Unknown(73721),PAIN IN RIGHT ANKLE(73721),Unknown(73721),	Imaging		0		0	Denied	1

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73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; withou	PAIN IN RIGHT KNEE(73721),PAIN IN RIGHT KNEE(73721),Unknown(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without	Unknown(73721),Unknown(73721),GOUT UNSPECIFIED(73721),GOUT UNSPECIFIED(73721),GOUT UNSPECIFIED(73721),Unknown(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; withou	Unknown(73721),Unknown(73721),OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE(73721),OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE(73721),	Imaging		0		0	Denied	1
73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; without contrast material(s)), 73721 (MRI Lower Extremity, any joint; withou	Unknown(73721),Unknown(73721),PAIN IN UNSPECIFIED KNEE(73721),PAIN IN UNSPECIFIED KNEE(73721),	Imaging		0		0	Approved	1
73722 (MRI Lower Extremity, any joint; with contrast material(s)), 73722 (MRI Lower Extremity, any joint; with contrast material(s)),	PAIN IN LEFT KNEE(73722),Unknown(73722),	Imaging		0		0	Denied	1
73722 (MRI Lower Extremity, any joint; with contrast material(s)), 73722 (MRI Lower Extremity, any joint; with contrast material(s)),	Unknown(73722),OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER(73722),	Imaging		0		0	Approved	1
73722 (MRI Lower Extremity, any joint; with contrast material(s)), 73722 (MRI Lower Extremity, any joint; with contrast material(s)),	Unknown(73722),PAIN IN LEFT HIP(73722),	Imaging		0		0	Denied	1
73722 (MRI Lower Extremity, any joint; with contrast material(s)), 73722 (MRI Lower Extremity, any joint; with contrast material(s)),	Unknown(73722),PAIN IN RIGHT HIP(73722),	Imaging		0		0	Approved	1
73723 (MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 73723 (MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences),	PAIN IN LEFT LEG(73723),Unknown(73723),	Imaging		0		0	Denied	1
73723 (MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 73723 (MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences), 737	Unknown(73723),PAIN IN LEFT KNEE(73723),PAIN IN LEFT KNEE(73723),Unknown(73723),	Imaging		0		0	Denied	1
74150 (CT ABDOMEN; without contrast material), 74150 (CT ABDOMEN; without contrast material),	Unknown(74150),GENERALIZED ABDOMINAL PAIN(74150),	Imaging		0		0	Denied	1
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT ABDOMEN; with contrast material(s)),	EPIGASTRIC PAIN(74160),Unknown(74160),	Imaging		0		0	Approved	1
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT ABDOMEN; with contrast material(s)),	GENERALIZED ABDOMINAL PAIN(74160),Unknown(74160),	Imaging		0		0	Approved	1
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT ABDOMEN; with contrast material(s)),	Infarction of spleen(74160),INFARCTION OF SPLEEN(74160),	Imaging		0		0	Denied	1
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT ABDOMEN; with contrast material(s)),	Unknown(74160),MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED(74160),	Imaging		0		0	Denied	1
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT ABDOMEN; with contrast material(s)),	Unknown(74160),RIGHT UPPER QUADRANT PAIN(74160),	Imaging		0		0	Approved	1
74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections), 74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections),	Abnormal radiologic findings on diagnostic imaging of unspecified kidney(74170),Unknown(74170),	Imaging		0		0	Approved	1

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74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections), 74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections),	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES(74170),Alcoholic cirrhosis of liver with ascites(74170),	Imaging		0		0	Denied	1
74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections), 74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections),	DISORDER OF ADRENAL GLAND UNSPECIFIED(74170),Disorder of adrenal gland, unspecified(74170),	Imaging		0		0	Approved	1
74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections), 74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections),	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding(74170),DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED(74170),	Imaging		0		0	Denied	1
74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections), 74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections),	Malignant neoplasm of pancreas, unspecified(74170),MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED(74170),	Imaging		0		0	Denied	1
74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections), 74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections),	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP(74170),Unknown(74170),	Imaging		0		0	Denied	1
74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections), 74170 (CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections),	Unknown(74170),MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS(74170),	Imaging		0		0	Denied	1
74174 (CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	Unknown(74174),OTHER DISORDERS OF LUNG(74174),	Imaging		0		0	Approved	1
74176 (Computed tomography; abdomen and pelvis; without contrast material), 74176 (Computed tomography; abdomen and pelvis; without contrast material),	ACUTE ABDOMEN(74176),Unknown(74176),	Imaging		0		0	Denied	1
74176 (Computed tomography; abdomen and pelvis; without contrast material), 74176 (Computed tomography; abdomen and pelvis; without contrast material),	RIGHT LOWER QUADRANT PAIN(74176),Unknown(74176),	Imaging		0		0	Denied	1
74176 (Computed tomography; abdomen and pelvis; without contrast material), 74176 (Computed tomography; abdomen and pelvis; without contrast material),	Unknown(74176),UNSPECIFIED ABDOMINAL PAIN(74176),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	EPIGASTRIC PAIN(74177),Unknown(74177),	Imaging		0		0	Approved	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA(74177),Unknown(74177),	Imaging		0		0	Approved	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Left lower quadrant abdominal swelling, mass and lump(74177),LLQ ABDOMINAL SWELLING MASS & LUMP(74177),	Imaging		0		0	Approved	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	LEFT LOWER QUADRANT PAIN(74177),Unknown(74177),	Imaging		0		0	Approved	2
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	LEFT LOWER QUADRANT PAIN(74177),Unknown(74177),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	LOCALIZED SWELLING MASS AND LUMP TRUNK(74177),Unknown(74177),	Imaging		0		0	Denied	1

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74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	MALIGNANT NEOPLASM OF LABIUM MINUS(74177),Malignant neoplasm of labium minus(74177),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Other microscopic hematuria(74177),Unknown(74177),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity(74177),PHLEBITIS & THROMBOPHLEB SUP VES LT LOWER EXTREM(74177),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	RIGHT UPPER QUADRANT PAIN(74177),Unknown(74177),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	TUBERCULOUS PERITONITIS(74177),Tuberculous peritonitis(74177),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Unknown(74177),EPIGASTRIC PAIN(74177),	Imaging		0		0	Denied	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Unknown(74177),GENERALIZED ABDOMINAL PAIN(74177),	Imaging		0		0	Approved	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Unknown(74177),MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS(74177),	Imaging		0		0	Approved	1
74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Unknown(74177),OTHER SPECIFIED DISEASES OF LIVER(74177),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Benign neoplasm of endocrine pancreas(74178),BENIGN NEOPLASM OF ENDOCRINE PANCREAS(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	CYST OF KIDNEY ACQUIRED(74178),Unknown(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	GROSS HEMATURIA(74178),Unknown(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	MALIGNANT NEOPLASM OF ENDOMETRIUM(74178),Unknown(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	MALIGNANT NEOPLASM OF PROSTATE(74178),Malignant neoplasm of prostate(74178),	Imaging		0		0	Approved	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	MALIGNANT NEOPLASM OF SIGMOID COLON(74178),Unknown(74178),	Imaging		0		0	Denied	1

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74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Malignant neoplasm of unspecified descended testis(74178),MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),CONSTIPATION UNSPECIFIED(74178),	Imaging		0		0	Approved	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),GENERALIZED ABDOMINAL PAIN(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),MALIGNANT NEOPLASM OF COLON UNSPECIFIED(74178),	Imaging		0		0	Approved	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP(74178),	Imaging		0		0	Denied	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),OTHER ASCITES(74178),	Imaging		0		0	Approved	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),UNSPECIFIED ABDOMINAL PAIN(74178),	Imaging		0		0	Approved	1
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unknown(74178),UNSPECIFIED ABDOMINAL PAIN(74178),	Imaging		0		0	Denied	1
74181 (MRI ABDOMEN; without contrast material(s)), 74181 (MRI ABDOMEN; without contrast material(s)),	OTHER CHRONIC PANCREATITIS(74181),Unknown(74181),	Imaging		0		0	Denied	1
74181 (MRI ABDOMEN; without contrast material(s)), 74181 (MRI ABDOMEN; without contrast material(s)),	Unknown(74181),RIGHT UPPER QUADRANT PAIN(74181),	Imaging		0		0	Denied	1
74181 (MRI ABDOMEN; without contrast material(s)), 74181 (MRI ABDOMEN; without contrast material(s)), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast mate	Unknown(74181),RIGHT UPPER QUADRANT PAIN(74181),Unknown(74183),RIGHT UPPER QUADRANT PAIN(74183),	Imaging		0		0	Denied	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Unknown(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT(74183),Abnormal findings on diagnostic imaging of liver and biliary tract(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Calculus of bile duct without cholangitis or cholecystitis without obstruction(74183),CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST(74183),	Imaging		0		0	Denied	1

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74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Chronic viral hepatitis B without delta-agent(74183),CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT(74183),	Imaging		0		0	Denied	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Cyst of pancreas(74183),CYST OF PANCREAS(74183),	Imaging		0		0	Denied	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Elevated prostate specific antigen [PSA](74183),Unknown(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Hepatomegaly, not elsewhere classified(74183),HEPATOMEGALY NOT ELSEWHERE CLASSIFIED(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Left upper quadrant abdominal swelling, mass and lump(74183),LUQ ABDOMINAL SWELLING MASS & LUMP(74183),	Imaging		0		0	Denied	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	LIVER DISEASE UNSPECIFIED(74183),Liver disease, unspecified(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Unknown(74183),CYST OF KIDNEY ACQUIRED(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Unknown(74183),MALIGNANT MELANOMA OF SKIN UNSPECIFIED(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Unknown(74183),MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS(74183),	Imaging		0		0	Denied	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Unknown(74183),OTHER CIRRHOSIS OF LIVER(74183),	Imaging		0		0	Approved	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Unknown(74183),OTHER SPECIFIED DISEASES OF LIVER(74183),	Imaging		0		0	Denied	1
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	UNSPECIFIED ABDOMINAL PAIN(74183),Unknown(74183),	Imaging		0		0	Denied	1
74185 (MRA ABDOMEN, with or without contrast material(s)), 74185 (MRA ABDOMEN, with or without contrast material(s)),	EPIGASTRIC PAIN(74185),Unknown(74185),	Imaging		0		0	Denied	1
74185 (MRA ABDOMEN, with or without contrast material(s)), 74185 (MRA ABDOMEN, with or without contrast material(s)),	Unknown(74185),ESSENTIAL PRIMARY HYPERTENSION(74185),	Imaging		0		0	Approved	1

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75561 (Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;), 75561 (Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;),	VENTRICULAR PREMATURE DEPOLARIZATION(75561),Ventricular premature depolarization(75561),	Imaging		0		0	Denied	1
75561 (Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;), 75561 (Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;), 75565 (Cardiac magnetic resonance	Unknown(75561),MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS(75561),Unknown(75565),MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS(75565),	Imaging		0		0	Approved	1
75561 (Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;), 75561 (Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;), 75565 (Cardiac magnetic resonance	Unknown(75561),PAROXYSMAL ATRIAL FIBRILLATION(75561),PAROXYSMAL ATRIAL FIBRILLATION(75565),Unknown(75565),	Imaging		0		0	Approved	1
75571 (CT, HEART, without contrast with quantitative evaluation of coronary calcium	Pure hypercholesterolemia, unspecified(75571),Unknown(75571),	Imaging		0		0	Denied	1
75574 (CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if perf	ESSENTIAL PRIMARY HYPERTENSION(75574),Unknown(75574),	Imaging		0		0	Approved	1
75574 (CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if perf	OTHER FORMS OF DYSPNEA(75574),Unknown(75574),	Imaging		0		0	Approved	1
75635 (CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing), 75635 (CTA ABDOMINAL AORTA and bilateral iliofemoral lower	ANEURYSM OF ILIAC ARTERY(75635),Aneurysm of iliac artery(75635),	Imaging		0		0	Approved	1
75635 (CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing), 75635 (CTA ABDOMINAL AORTA and bilateral iliofemoral lower	HYPERLIPIDEMIA UNSPECIFIED(75635),Unknown(75635),	Imaging		0		0	Approved	1
76380 (CT Limited or Localized Follow-up study), 76380 (CT Limited or Localized Follow-up study),	CHRONIC MAXILLARY SINUSITIS(76380),Chronic maxillary sinusitis(76380),	Imaging		0		0	Denied	1
77049 (Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral), 77049 (Magnetic resonance im	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST(77049),Encounter for other screening for malignant neoplasm of breast(77049),	Imaging		0		0	Approved	1
77049 (Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral), 77049 (Magnetic resonance im	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST(77049),Unknown(77049),	Imaging		0		0	Denied	1
77049 (Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral), 77049 (Magnetic resonance im	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST(77049),Unknown(77049),	Imaging		0		0	Approved	1
77049 (Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral), 77049 (Magnetic resonance im	Unknown(77049),GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST(77049),	Imaging		0		0	Approved	1

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77049 (Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral), 77049 (Magnetic resonance im	Unknown(77049),PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST(77049),	Imaging		0		0	Approved	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	ABNORMAL ELECTROCARDIOGRAM(78452),Abnormal electrocardiogram [ECG] [EKG](78452),	Imaging		0		0	Approved	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	BRADYCARDIA UNSPECIFIED(78452),Unknown(78452),	Imaging		0		0	Denied	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	CHEST PAIN UNSPECIFIED(78452),Unknown(78452),	Imaging		0		0	Denied	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	Mixed hyperlipidemia(78452),MIXED HYPERLIPIDEMIA(78452),	Imaging		0		0	Approved	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	NONRHEUMATIC MITRAL VALVE PROLAPSE(78452),Nonrheumatic mitral (valve) prolapse(78452),	Imaging		0		0	Approved	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	OTHER FORMS OF ANGINA PECTORIS(78452),Other forms of angina pectoris(78452),	Imaging		0		0	Approved	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	Other forms of angina pectoris(78452),OTHER FORMS OF ANGINA PECTORIS(78452),	Imaging		0		0	Denied	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	PRECORDIAL PAIN(78452),Unknown(78452),	Imaging		0		0	Approved	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	SHORTNESS OF BREATH(78452),Unknown(78452),	Imaging		0		0	Denied	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	Unknown(78452),CHEST PAIN UNSPECIFIED(78452),	Imaging		0		0	Approved	2
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	Unknown(78452),DIABETES MELLITUS D/T UNDERLYING COND W/O COMP(78452),	Imaging		0		0	Approved	1
78452 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	Unknown(78452),ESSENTIAL PRIMARY HYPERTENSION(78452),	Imaging		0		0	Approved	2
78459 (PET CARDIAC, myocardial imaging, metabolic evaluation), 78459 (PET CARDIAC, myocardial imaging, metabolic evaluation),	HYPOKALEMIA(78459),Hypokalemia(78459),	Imaging		0		0	Denied	1

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78492 (PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress), 78492 (PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress),	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS(78492),Unknown(78492),	Imaging		0		0	Denied	1
78492 (PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress), 78492 (PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress),	CHEST PAIN UNSPECIFIED(78492),Unknown(78492),	Imaging		0		0	Approved	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE(78815),Diffuse large B-cell lymphoma, unspecified site(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Follicular lymphoma grade I, lymph nodes of head, face, and neck(78815),FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	FOLLICULAR LYMPHOMA GRADE IIIB NODES MX SITES(78815),Follicular lymphoma grade IIIB, lymph nodes of multiple sites(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck(78815),LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	MALIGNANT NEOPLASM LATERAL WALL OF NASOPHARYNX(78815),Malignant neoplasm of lateral wall of nasopharynx(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	MALIGNANT NEOPLASM OF COLON UNSPECIFIED(78815),Unknown(78815),	Imaging		0		0	Denied	2
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	MALIGNANT NEOPLASM OF OVERLAPPING SITES LARYNX(78815),Malignant neoplasm of overlapping sites of larynx(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Malignant neoplasm of overlapping sites of unspecified female breast(78815),MALIGNANT NEOPLASM OVERLAP SITE UNS FEMAL BREAST(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Malignant neoplasm of prostate(78815),MALIGNANT NEOPLASM OF PROSTATE(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	MALIGNANT NEOPLASM POSTERIOR WALL OF NASOPHARYNX(78815),Malignant neoplasm of posterior wall of nasopharynx(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Nodular sclerosis classical Hodgkin lymphoma, unspecified site(78815),NODULAR SCLEROS CLASS HODGKIN LYMPHOMA UNS SITE(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK(78815),Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck(78815),	Imaging		0		0	Denied	1

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78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MALIGNANT NEOPLASM OF HEAD FACE AND NECK(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MALIGNANT NEOPLASM OF THYROID GLAND(78815),	Imaging		0		0	Approved	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MESOTHELIOMA OF PLEURA(78815),	Imaging		0		0	Denied	1
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION(78815),	Imaging		0		0	Denied	1
93350 (ECHO TRANSTHORACIC), 93350 (ECHO TRANSTHORACIC),	CHEST PAIN UNSPECIFIED(93350),Unknown(93350),	Imaging		0		0	Approved	1
93350 (ECHO TRANSTHORACIC), 93350 (ECHO TRANSTHORACIC),	OTHER CHEST PAIN(93350),Unknown(93350),	Imaging		0		0	Approved	1
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	Dilated cardiomyopathy(93351),DILATED CARDIOMYOPATHY(93351),	Imaging		0		0	Approved	1
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	Palpitations(93351),PALPITATIONS(93351),	Imaging		0		0	Denied	1
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	Pure hypercholesterolemia, unspecified(93351),Unknown(93351),	Imaging		0		0	Denied	1
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	SHORTNESS OF BREATH(93351),Unknown(93351),	Imaging		0		0	Approved	1
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	Unknown(93351),CHEST PAIN UNSPECIFIED(93351),	Imaging		0		0	Denied	1
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	Unknown(93351),OTHER FORMS OF DYSPNEA(93351),	Imaging		0		0	Approved	1
93454 (Native coronary artery catheterization	Unknown(93454),ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS(93454),	Imaging		0		0	Denied	1
93458 (Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC MITRAL VALVE PROLAPSE(93458),Nonrheumatic mitral (valve) prolapse(93458),	Imaging		0		0	Approved	1
ABACAVER 300 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
ABATACEPT INJECTION	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	Family Medicine	Approved	1		0		0
ABATACEPT INJECTION	ANEMIA, UNSPECIFIED	Rheumatology	Approved	1		0		0
ABATACEPT INJECTION	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
ABATACEPT INJECTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Rheumatology	Approved	1		0		0
ABATACEPT INJECTION	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
ABATACEPT INJECTION	OTHER SPECIFIED ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0

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ABATACEPT INJECTION	PSORIATIC SPONDYLITIS	Rheumatology	Approved	1		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	2		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Medicine	Approved	1		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Infectious Disease	Approved	1		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Multi-Specialty Group	Approved	1		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	9		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Ancillary	Denied	1	Services are not medically necessary	1		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Facility	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Infectious Disease	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	6		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Family Medicine	Approved	2		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	3		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Ancillary	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Ancillary	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Hematology	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
ABATACEPT INJECTION	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	1		0		0
ABD PARACENTESIS W/IMAGING	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
ABD PARACENTESIS W/IMAGING	OTHER ASCITES	Facility	Approved	4		0		0
ABDOMEN SURGERY PROCEDURE	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Denied	1	Services are not medically necessary	1		0
ABDOMEN SURGERY PROCEDURE	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB	Facility	Denied	1	Services are not medically necessary	1		0
ABDOMEN SURGERY PROCEDURE	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INIT ENCNR	Facility	Denied	1	Services are not medically necessary	1		0
ABILIFY 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Denied	1	Services are not medically necessary	1		0
ABILIFY 2 MG TABLET	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Psychiatry	Approved	1		0		0
ABILIFY 30 MG TABLET	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
ABILIFY MAINTENA ER 400 MG SYR	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE	Psychiatry	Approved	1		0		0
ABILIFY MAINTENA ER 400 MG SYR	SCHIZOPHRENIA, UNSPECIFIED	Psychiatry	Approved	1		0		0
ABIRATERONE ACETATE 250 MG TAB	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	4		0		0
ABIRATERONE ACETATE 250 MG TAB	MALIGNANT NEOPLASM OF PROSTATE	Internal Medicine	Approved	1		0		0
ABIRATERONE ACETATE 250 MG TAB	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	2		0		0
ABLATE ARRHYTHMIA ADD ON	ATYPICAL ATRIAL FLUTTER	Facility	Approved	2		0		0
ABLATE ARRHYTHMIA ADD ON	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
ABLATE ARRHYTHMIA ADD ON	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0

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ABLATE ARRHYTHMIA ADD ON	PALPITATIONS	Facility	Approved	1		0		0
ABLATE ARRHYTHMIA ADD ON	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	14		0		0
ABLATE ARRHYTHMIA ADD ON	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	2	Services are not medically necessary	2		0
ABLATE ARRHYTHMIA ADD ON	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	8		0		0
ABLATE ARRHYTHMIA ADD ON	SUICIDAL IDEATIONS	Facility	Approved	1		0		0
ABLATE ARRHYTHMIA ADD ON	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	6		0		0
ABLATE ARRHYTHMIA ADD ON	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	2		0		0
ABLATE ARRHYTHMIA ADD ON	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	4		0		0
ABLATE ATRIA W/BYPASS ADD-ON	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
ABLATE ATRIA W/BYPASS EXTEN	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	1		0		0
ABOBOTULINUMTOXINA	BLEPHAROSPASM	Neurology	Approved	1		0		0
ABOBOTULINUMTOXINA	CEREBRAL PALSY, UNSPECIFIED	Facility	Approved	1		0		0
ABOBOTULINUMTOXINA	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Physical Medicine	Approved	1		0		0
ABOBOTULINUMTOXINA	MUSCLE SPASM OF BACK	Facility	Approved	1		0		0
ABOBOTULINUMTOXINA	OTHER CEREBRAL PALSY	Pediatric Neurology	Approved	1		0		0
ABOBOTULINUMTOXINA	PNEUMONIA, UNSPECIFIED ORGANISM	Pediatric Neurology	Approved	1		0		0
ABOBOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Neurology	Approved	2		0		0
ABOBOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Facility	Approved	3		0		0
ABOBOTULINUMTOXINA	SPASTIC HEMIPLEGIC CEREBRAL PALSY	Facility	Approved	1		0		0
ABOBOTULINUMTOXINA	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Physician Assistant	Approved	1		0		0
ABSCESS DRAINAGE UNDER X-RAY	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Facility	Approved	1		0		0
ABSCESS DRAINAGE UNDER X-RAY	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
ABSCESS IMAGING WHOLE BODY	INFECT/INFLM REACTION DUE TO OTH INT PROSTH DEV/GRFT, INIT	HOSPITAL	Approved	1		0		0
ABSCESS IMAGING WHOLE BODY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	HOSPITAL	Approved	1		0		0
Absolute quantitation of myocardial blood flow, PET add on to primary code	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Absolute quantitation of myocardial blood flow, PET add on to primary code	ACTIVATED PROTEIN C RESISTANCE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Absolute quantitation of myocardial blood flow, PET add on to primary code	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Absolute quantitation of myocardial blood flow, PET add on to primary code	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Absolute quantitation of myocardial blood flow, PET add on to primary code	NON-ST ELEVATION MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Absolute quantitation of myocardial blood flow, PET add on to primary code	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Absolute quantitation of myocardial blood flow, PET add on to primary code	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
ABSORICA 20 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ABSORICA 20 MG CAPSULE	ACNE VULGARIS	Physician	Approved	1		0		0
ABSORICA 20 MG CAPSULE	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
ABSORICA 30 MG CAPSULE	ACNE VULGARIS	Dermatology	Approved	1		0		0
ABSORICA 30 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
ABSORICA 30 MG CAPSULE	ACNE VULGARIS	Physician	Approved	1		0		0
ABSORICA 30 MG CAPSULE	HIDRADENITIS SUPPURATIVA	Dermatology	Denied	1	Services are not medically necessary	1		0
ABSORICA 35 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ABSORICA 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
ABSORICA 40 MG CAPSULE	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ABSORICA 40 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Denied	1	Services are not medically necessary	1		0
ACANYA GEL PUMP	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ACCU-CHEK AVIVA PLUS TEST STRP	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, UNSP CONTROL	Obstetrics/Gynecology	Approved	1		0		0

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ACCU-CHEK AVIVA PLUS TEST STRP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
ACCU-CHEK AVIVA PLUS TEST STRP	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACCU-CHEK AVIVA PLUS TEST STRP	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Approved	1		0		0
ACCU-CHEK GUIDE TEST STRIP	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ACCU-CHEK GUIDE TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	ACHILLES TENDINITIS, UNSPECIFIED LEG	Podiatry	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	4		0		0
ACELLULAR DERM MATRIX IMPLT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	ANAL FISTULA	Ancillary	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	ESTROGEN RECEPTOR POSITIVE STATUS [ER+]	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	FRACTURE OF UNSP PART OF R CLAVICLE, SUBS FOR FX W NONUNION	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	4		0		0
ACELLULAR DERM MATRIX IMPLT	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	HYPERTROPHY OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	4		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	6		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	4		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	4		0		0

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ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	6		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Internal Medicine	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Other	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	NON-PRESSURE CHRONIC ULCER OF SKIN OF SITES W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	OTH COMP OF INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	Ancillary	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	13		0		0
ACELLULAR DERM MATRIX IMPLT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Other	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	UNSP DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INIT	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Facility	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
ACETAMIN-CAFF-DIHYDROCOD 320.5	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
ACETAMIN-CAFF-DIHYDROCOD 320.5	PAIN, UNSPECIFIED	Pain Management	Approved	1		0		0
ACETAMIN-CAFF-DIHYDROCOD 320.5	RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Registered Nurse	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	CALCULUS OF KIDNEY	Family Medicine	Approved	2		0		0
ACETAMINOPHEN-COD #3 TABLET	CERVICALGIA	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	CERVICALGIA	Physical Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	CHRONIC GOUT DUE TO RENAL IMPAIRMENT, RIGHT HAND, W/O TOPHUS	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #3 TABLET	CHRONIC PAIN SYNDROME	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	CHRONIC PAIN SYNDROME	Rheumatology	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #3 TABLET	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	END STAGE RENAL DISEASE	Surgery, Thoracic	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	FIBROMYALGIA	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	LESION OF PLANTAR NERVE, LEFT LOWER LIMB	Podiatry	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0

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ACETAMINOPHEN-COD #3 TABLET	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #3 TABLET	LOW BACK PAIN	General Practice	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #3 TABLET	LOW BACK PAIN	Physician Assistant	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	MYALGIA	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Surgery, Neurological	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER CHRONIC PAIN	Anesthesiology	Approved	2		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	2		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Approved	2		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER MUSCLE SPASM	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Neurology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN KNEE	Surgery, Orthopedic	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN LEFT HIP	Pain Management	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN LEFT KNEE	Physician	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN LEFT SHOULDER	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN RIGHT SHOULDER	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN UNSPECIFIED JOINT	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN UNSPECIFIED JOINT	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PELVIC AND PERINEAL PAIN	Obstetrics/Gynecology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	POLYARTHRITIS, UNSPECIFIED	Critical Care Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	POLYARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
ACETAMINOPHEN-COD #3 TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	RIGHT LOWER QUADRANT PAIN	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	SPINAL STENOSIS, CERVICAL REGION	Neurology	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #3 TABLET	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Pain Management	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #3 TABLET	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	UNSPECIFIED ABDOMINAL PAIN	Physician	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	Family Nurse Practitioner	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0

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ACETAMINOPHEN-COD #4 TABLET	CHRONIC PAIN SYNDROME	Gastroenterology	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	CHRONIC PAIN SYNDROME	Psychiatry	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Surgery, Orthopedic	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	FIBROMYALGIA	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	FIBROMYALGIA	Rheumatology	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	LOW BACK PAIN	Physical Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Podiatry	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #4 TABLET	OTH SPECIFIC JOINT DERANGEMENTS OF UNSP SHOULDER, NEC	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACETAMINOPHEN-COD #4 TABLET	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	PAIN DISORDER EXCLUSIVELY RELATED TO PSYCHOLOGICAL FACTORS	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	POLYNEUROPATHY, UNSPECIFIED	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	POLYOSTEOARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Surgery, Orthopedic	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	RADICULOPATHY, LUMBOSACRAL REGION	Anesthesiology	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	RADICULOPATHY, THORACOLUMBAR REGION	Physical Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
ACIPHEX DR 20 MG TABLET	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ACIPHEX DR 20 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ACIPHEX DR 20 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ACOUSTIC REFL THRESHOLD TST	ENCOUNTER FOR HEARING EXAM FOLLOWING FAILED HEAR SCREENING	Facility	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	INCMPLE RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	LOOSE BODY IN RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0

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Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
ACTEMRA	CHRONIC IRIDOCYCLITIS, RIGHT EYE	Physician		0		0	Approved	1
ACTEMRA	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Nurse Practitioner		0		0	Denied	1
ACTEMRA 162 MG/0.9 ML SYRINGE		Rheumatology	Approved	1		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE		Rheumatology	Denied	1	Services are not medically necessary	1		0
ACTEMRA 162 MG/0.9 ML SYRINGE	ADULT-ONSET STILL'S DISEASE	Rheumatology	Approved	1		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	CHRONIC IRIDOCYCLITIS, RIGHT EYE	Pediatric Rheumatology	Denied	1	Services are not medically necessary	1		0
ACTEMRA 162 MG/0.9 ML SYRINGE	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	OTHER GIANT CELL ARTERITIS	Rheumatology	Approved	1		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	3		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	3		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	8		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEUMATOID POLYNEUROP W RHEUMATOID ARTHRITIS OF UNSP SITE	Rheumatology	Approved	1		0		0
ACTEMRA 400 MG/20 ML VIAL	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ACTEMRA ACTPEN 162 MG/0.9 ML	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Rheumatology	Approved	1		0		0
ACTEMRA ACTPEN 162 MG/0.9 ML	OTHER GIANT CELL ARTERITIS	Rheumatology	Approved	1		0		0
ACTEMRA ACTPEN 162 MG/0.9 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ACTEMRA ACTPEN 162 MG/0.9 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
ACTEMRA ACTPEN 162 MG/0.9 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Nurse Practitioner	Approved	1		0		0
ACTEMRA ACTPEN 162 MG/0.9 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	3		0		0
ACTEMRA ACTPEN 162 MG/0.9 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
ACTHAR	NEPHROTIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS	Allergy/Immunology		0		0	Denied	1
ACTHAR	PROTEINURIA, UNSPECIFIED	Nephrology		0		0	Denied	1
ACTHAR GEL	Glomerular disease in systemic lupus erythematosus	Pulmonary Disease		0		0	Approved	1
ACTHAR GEL	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	Surgery, Orthopedic		0		0	Denied	1
ACTHAR GEL 400 UNIT/5 ML VIAL	OTHER DERMATOMYOSITIS WITH MYOPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
ACTHAR GEL 400 UNIT/5 ML VIAL	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0

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ACTICLATE 150 MG TABLET	ACNE VULGARIS	Pediatric Dermatology	Denied	1	Services are not medically necessary	1		0
Acute Inpatient Mental Health Treatment	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Approved	1
Acute Inpatient Mental Health Treatment	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Denied	1
Acute Inpatient Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Denied	2
Acute Inpatient Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Denied	1
Acute Inpatient Mental Health Treatment	PARANOID SCHIZOPHRENIA	Behavioral Health Facility		0		0	Denied	1
Acute Inpatient Mental Health Treatment	POST-TRAUMATIC STRESS DISORDER, ACUTE	Behavioral Health Facility		0		0	Approved	1
Acute Inpatient Mental Health Treatment	SCHIZOPHRENIA, UNSPECIFIED	Behavioral Health Facility		0		0	Denied	1
ACYCLOVIR 5% CREAM		Family Medicine	Approved	1		0		0
ACYCLOVIR 5% CREAM	DISORDER OF CONTINUITY OF BONE, UNSPECIFIED	Podiatry	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL [HERPES SIMPLEX] INFECTIONS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL CONJUNCTIVITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL GINGIVOSTOMATITIS AND PHARYNGOTONSILLITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	Internal Medicine	Denied	4	Services are not medically necessary	4		0
ACYCLOVIR 5% CREAM	HERPESVIRAL INFECTION, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL INFECTION, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL INFECTION, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ACYCLOVIR 5% CREAM	HERPESVIRAL INFECTION, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ACYCLOVIR 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Physician	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	OTHER GENERAL SYMPTOMS AND SIGNS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	RADICULOPATHY, THORACOLUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	ZOSTER WITH OTHER COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	ZOSTER WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT		Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT		Internal Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
ACYCLOVIR 5% OINTMENT	CELLULITIS OF UNSPECIFIED FINGER	Pediatrics	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Dermatopathology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	ECZEMA HERPETICUM	Pediatrics	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL GINGIVOSTOMATITIS AND PHARYNGOTONSILLITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION OF GENITALIA AND UROGENITAL TRACT	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Internal Medicine	Approved	1		0		0

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ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL VESICULAR DERMATITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL VESICULAR DERMATITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL VESICULAR DERMATITIS	Physician	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL VULVOVAGINITIS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	MALIGNANT NEOPLASM OF CENTRAL PORTION OF BREAST, MALE	Radiation Oncology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	OTHER HERPESVIRAL INFECTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	PLANTAR WART	Podiatry	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	ULCERATION OF VULVA	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	ZOSTER WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACZONE 5% GEL	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP		Dermatology	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Dermatology	Approved	1		0		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Dermatology	Denied	29	Services are not medically necessary	29		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Physician	Denied	3	Services are not medically necessary	3		0
ACZONE 7.5% GEL PUMP	OTHER ACNE	Dermatology	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP	PUSTULOSIS PALMARIS ET PLANTARIS	Rheumatology	Denied	1	Services are not medically necessary	1		0
ADAPALENE	ACNE VULGARIS	Cardiovascular Disease		0		0	Approved	1
ADAPALENE 0.1% CREAM	ACNE VULGARIS	Dermatology	Approved	1		0		0
ADAPALENE 0.1% CREAM	ACNE VULGARIS	Internal Medicine	Approved	1		0		0
ADAPALENE 0.1% CREAM	ACNE, UNSPECIFIED	Physician	Approved	1		0		0
ADAPALENE 0.1% CREAM	ACQUIRED KERATOSIS [KERATODERMA] PALMARIS ET PLANTARIS	Dermatology	Approved	1		0		0
ADAPALENE 0.1% CREAM	ERYTHEMATOUS CONDITION, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
ADAPALENE 0.1% CREAM	OTHER ACNE	Family Medicine	Approved	1		0		0
ADAPALENE 0.1% GEL	ACNE VARIOLIFORMIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADAPALENE 0.1% GEL	ACNE, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADAPALENE 0.1% GEL	OTHER ACNE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADAPALENE 0.3% GEL	ACNE VULGARIS	Dermatology	Approved	8		0		0
ADAPALENE 0.3% GEL	ACNE VULGARIS	Family Medicine	Approved	1		0		0
ADAPALENE 0.3% GEL	ACNE VULGARIS	Physician Assistant	Approved	1		0		0
ADAPALENE 0.3% GEL PUMP	OTHER ACNE	Family Nurse Practitioner Primary Care	Approved	1		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Ancillary	Approved	30		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Counseling	Approved	72		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Counseling	Denied	1	Services are not medically necessary	1		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Family Medicine	Approved	1		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Multi-Specialty Group	Approved	20		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Occupational Therapy	Approved	2		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Physical Therapy	Approved	7		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Physical Therapy	Denied	1	Services are not medically necessary	1		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Psychology	Approved	10		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Social Work	Approved	3		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Speech Therapy	Approved	7		0		0
ADAPT BEHAVIOR TX PHYS/QHP	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	Counseling	Approved	1		0		0
ADAPT/EXT, PACING/NEURO LEAD	OTHER DYSTONIA	Facility	Approved	1		0		0

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Adaptor/extension, pacing lead or neurostimulator lead (implantable)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
ADCIRCA 20 MG TABLET	OTHER SECONDARY PULMONARY HYPERTENSION	Pediatric Pulmonology	Approved	2		0		0
ADCIRCA 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pediatrics	Approved	1		0		0
ADCIRCA 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ADCIRCA 20 MG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ADDERALL	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physical Medicine		0		0	Approved	1
ADDERALL 10 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	Internal Medicine	Approved	1		0		0
ADDERALL 10 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Pulmonary Disease	Approved	1		0		0
ADDERALL 20 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL 20 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ADDERALL 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
ADDERALL 30 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0
ADDERALL 30 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
ADDERALL 30 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY HYPERACTIVE TYPE	Gastroenterology		0		0	Denied	1
ADDERALL XR 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
ADDERALL XR 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 15 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 15 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 15 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 15 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE		Emergency Medicine	Approved	1		0		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	1		0		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician Assistant	Approved	1		0		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	2		0		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0

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ADDERALL XR 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ADDERALL XR 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	4	Services are not medically necessary	4		0
ADDERALL XR 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	1		0		0
ADDERALL XR 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
ADDERALL XR 25 MG CAPSULE	ATTN DEFICIT W HYPERACT	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ADDERALL XR 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 25 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE		Emergency Medicine	Approved	1		0		0
ADDERALL XR 30 MG CAPSULE		Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Internal Medicine	Approved	1		0		0
ADDERALL XR 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	2		0		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	Psychiatry	Approved	1		0		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	4	Services are not medically necessary	4		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	3		0		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADDERALL XR 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0
ADDERALL XR 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0

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ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Complete traumatic amputation at level between knee and ankle, right lower leg, subsequent encounter	Family Medicine		0		0	Approved	1
ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Pulmonary Disease		0		0	Approved	1
ADDITIONAL SPINAL FUSION	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	CERVICALGIA	Facility	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	CONGENITAL SPONDYLOLISTHESIS	Facility	Denied	2	Services are not medically necessary	2		0
ADDITIONAL SPINAL FUSION	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	PAIN IN THORACIC SPINE	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	2		0		0
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	2	Services are not medically necessary	2		0
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	2	Services are not medically necessary	2		0
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	4		0		0
ADDITIONAL SPINAL FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF UNSP LOW EXTRM	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	ARTHRODESIS STATUS	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
ADDL NECK SPINE FUSION	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	2		0		0
ADDL NECK SPINE FUSION	CERVICALGIA	Facility	Approved	2		0		0
ADDL NECK SPINE FUSION	LEFT UPPER QUADRANT PAIN	Facility	Denied	1	Services are not medically necessary	1		0
ADDL NECK SPINE FUSION	LOW BACK PAIN	Ancillary	Approved	1		0		0
ADDL NECK SPINE FUSION	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
ADDL NECK SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	2		0		0
ADDL NECK SPINE FUSION	OTHER DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
ADDL NECK SPINE FUSION	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	4		0		0

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ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ADDL NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
ADDL NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
ADDL NECK SPINE FUSION	SPINAL INSTABILITIES, CERVICAL REGION	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	1		0		0
ADDL NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	4		0		0
ADDL NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
ADDL NECK SPINE FUSION	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
ADDL NECK SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
ADDYI 100 MG TABLET	HYPOACTIVE SEXUAL DESIRE DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDYI 100 MG TABLET	HYPOACTIVE SEXUAL DESIRE DISORDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ADDYI 100 MG TABLET	HYPOACTIVE SEXUAL DESIRE DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
ADDYI 100 MG TABLET	OTH SEXUAL DYSFNCT NOT DUE TO A SUB OR KNOWN PHYSIOL COND	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ADEMPAS 2.5 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ADEMPAS 2.5 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ADHANSIA XR 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADHANSIA XR 35 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADHANSIA XR 35 MG CAPSULE	OTHER ENCEPHALOPATHY	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ADHESIVE REMOVER, WIPES	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Approved	1		0		0
ADHESIVE REMOVER, WIPES	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	1	Services are not medically necessary	1		0
ADHESIVE REMOVER, WIPES	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
ADHESIVE, LIQUID OR EQUAL	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
ADJUSTMENT GASTRIC BAND	ENCOUNTER FOR FITTING AND ADJUSTMENT OF GASTRIC LAP BAND	Facility	Approved	1		0		0
ADMELOG 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
Admission Criteria for Inpatient Rehabilitation/Treatment	CANNABIS DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Approved	2
Admission Criteria for Inpatient Rehabilitation/Treatment	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	1
ADRENALIN EPINEPHRINE INJECT	MALIGNANT NEOPLASM OF ENDOMETRIUM	Family Medicine	Approved	1		0		0
ADRENALIN EPINEPHRINE INJECT	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	4		0		0
ADVAIR 100-50 DISKUS	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 100-50 DISKUS	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Physician	Denied	1	Services are not medically necessary	1		0
ADVAIR 100-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ADVAIR 100-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADVAIR 100-50 DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	2	Services are not medically necessary	2		0
ADVAIR 100-50 DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ADVAIR 250-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0

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ADVAIR 250-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 500-50 DISKUS	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADVATE 1,201-1,800 UNIT VIAL	HEREDITARY FACTOR VIII DEFICIENCY	Pediatric Hematology/Oncology	Approved	1		0		0
ADVATE 2,401-3,600 UNIT VIAL	HEREDITARY FACTOR VIII DEFICIENCY	Hematology	Approved	1		0		0
ADZENYS XR-ODT 12.5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 12.5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	2		0		0
ADZENYS XR-ODT 12.5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADZENYS XR-ODT 12.5 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 12.5 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ADZENYS XR-ODT 12.5 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	4	Services are not medically necessary	4		0
ADZENYS XR-ODT 15.7 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 15.7 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 15.7 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADZENYS XR-ODT 15.7 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	2		0		0
ADZENYS XR-ODT 15.7 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADZENYS XR-ODT 18.8 MG TABLET		Psychiatry	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	3		0		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	7	Services are not medically necessary	7		0
ADZENYS XR-ODT 3.1 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
ADZENYS XR-ODT 3.1 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
ADZENYS XR-ODT 6.3 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0

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ADZENYS XR-ODT 6.3 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 6.3 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
ADZENYS XR-ODT 6.3 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 9.4 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	2		0		0
ADZENYS XR-ODT 9.4 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADZENYS XR-ODT 9.4 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
ADZENYS XR-ODT 9.4 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
ADZENYS XR-ODT 9.4 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 9.4 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ADZENYS XR-ODT 9.4 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
AED GARMENT W ELEC ANALYSIS	ABNORMAL FINDINGS ON DX IMAGING OF HEART AND COR CIRC	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	ADULT FAILURE TO THRIVE	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	CARDIAC ARREST, CAUSE UNSPECIFIED	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	CARDIOMYOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	CELLULITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	CHRONIC KIDNEY DISEASE, STAGE 1	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	4		0		0
AED GARMENT W ELEC ANALYSIS	CONTAMINATED OR INFECTED BLOOD, OTHER FLUID, DRUG, OR BIOLOGICAL SUBSTANCE	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	Ancillary	Approved	68		0		0
AED GARMENT W ELEC ANALYSIS	DYSPNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	4		0		0
AED GARMENT W ELEC ANALYSIS	HYPERKALEMIA	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	HYPERSONNIA, UNSPECIFIED	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	I42.0 - Dilated cardiomyopathy	Cardiology	Denied	1	Services are not medically necessary	1		0
AED GARMENT W ELEC ANALYSIS	ISCHEMIC CARDIOMYOPATHY	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Ancillary	Approved	4		0		0
AED GARMENT W ELEC ANALYSIS	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Ancillary	Approved	7		0		0
AED GARMENT W ELEC ANALYSIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	5		0		0
AED GARMENT W ELEC ANALYSIS	OLD MYOCARDIAL INFARCTION	Ancillary	Approved	8		0		0
AED GARMENT W ELEC ANALYSIS	OTHER CARDIOMYOPATHIES	Ancillary	Approved	3		0		0
AED GARMENT W ELEC ANALYSIS	PAROXYSMAL ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	PERSISTENT ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	PRESENCE OF HEART ASSIST DEVICE	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	SNORING	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	Ancillary	Approved	2		0		0

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AED GARMENT W ELEC ANALYSIS	STEMI INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	STEMI INVOLVING OTH CORONARY ARTERY OF INFERIOR WALL	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	TYPICAL ATRIAL FLUTTER	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	UNSPECIFIED ATRIAL FIBRILLATION	Ancillary	Approved	4		0		0
AED GARMENT W ELEC ANALYSIS	UNSPECIFIED CONVULSIONS	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	VENTRICULAR FIBRILLATION	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	VENTRICULAR TACHYCARDIA	Ancillary	Approved	5		0		0
AEROSOL MASK USED W NEBULIZE	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
AEROSOL MASK USED W NEBULIZE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
AFINITOR 10 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Hematology	Approved	1		0		0
AFINITOR 10 MG TABLET	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Oncology	Approved	1		0		0
AFINITOR 2.5 MG TABLET	TUBEROUS SCLEROSIS	Internal Medicine	Approved	1		0		0
AFINITOR 5 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Internal Medicine	Approved	1		0		0
AFINITOR 5 MG TABLET	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSP FEMALE BREAST	Oncology	Approved	1		0		0
AFINITOR 5 MG TABLET	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, UNSPECIFIED	Physician Assistant	Approved	1		0		0
AFLIBERCEPT INJECTION	ACIDOSIS	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	CELLULITIS OF RIGHT LOWER LIMB	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	4		0		0
AFLIBERCEPT INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	CENTRAL SEROUS CHORIORETINOPATHY, RIGHT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
AFLIBERCEPT INJECTION	CHEST PAIN, UNSPECIFIED	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	COUGH	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	CYSTOID MACULAR DEGENERATION, RIGHT EYE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	END STAGE RENAL DISEASE	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Family Medicine	Denied	2	Services are not medically necessary	2		0
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	4		0		0
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	7		0		0
AFLIBERCEPT INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	5		0		0
AFLIBERCEPT INJECTION	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	FLUID OVERLOAD, UNSPECIFIED	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
AFLIBERCEPT INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	Ophthalmology	Approved	2		0		0

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AFLIBERCEPT INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
AFLIBERCEPT INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ancillary	Approved	1		0		0
AFLIBERCEPT INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	4		0		0
AFLIBERCEPT INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH COMB DETACH, R EYE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	13		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ancillary	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Cardiovascular Disease	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	21		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	5		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	9		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	9		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	Family Medicine	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RTNOP W/O MACULAR EDEMA	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIABETES WITH MILD NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	VITREOUS HEMORRHAGE, LEFT EYE	Ophthalmology	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	CELLULITIS OF LEFT LOWER LIMB	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	CONTUSION OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
AFO ANKLE GAUNTLET PRE OTS	DISP FX OF LATERAL MALLEOLUS OF LEFT FIBULA, INIT	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	DISP FX OF NAVICULAR OF UNSP FOOT, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0

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AFO ANKLE GAUNTLET PRE OTS	DISPL BIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	DISPLACED BIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	MUSCLE WEAKNESS (GENERALIZED)	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THG	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Ancillary	Approved	2		0		0
AFO ANKLE GAUNTLET PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE, RIGHT HAND	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	OTH FRACTURE OF UPPER AND LOWER END OF UNSP FIBULA, INIT	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	OTH FX LOWER END OF R TIBIA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	OTH FX UPR & LOW END L FIBULA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	6		0		0
AFO ANKLE GAUNTLET PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	3		0		0
AFO ANKLE GAUNTLET PRE OTS	PAIN IN LEFT FOOT	Ancillary	Approved	3		0		0
AFO ANKLE GAUNTLET PRE OTS	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	6		0		0
AFO ANKLE GAUNTLET PRE OTS	PERONEAL TENDINITIS, RIGHT LEG	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	2		0		0
AFO ANKLE GAUNTLET PRE OTS	SLEEP DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF DELTOID LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	3		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	3		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNR	Ancillary	Approved	8		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNR	Ancillary	Approved	3		0		0

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AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNR	Ancillary	Approved	7		0		0
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Ancillary	Approved	5		0		0
AFO ANKLE GAUNTLET PRE OTS	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, R LEG, SUBS	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	UNSP FX LOWER END OF R TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
AFO ANKLE GAUNTLET PRE OTS	UNSP FX SHAFT OF R FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
AFO MOLDED PLAS RIG ANT TIB	OCCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	Ancillary	Approved	1		0		0
AFO MOLDED TO PATIENT PLASTI	OTHER ENTHESOPATHY OF LEFT FOOT AND ANKLE	Ancillary	Approved	1		0		0
AFO MOLDED TO PATIENT PLASTI	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
AFO MOLDED TO PATIENT PLASTI	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
AFO PLASTIC MOLDED W/ANKLE J	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	Ancillary	Approved	1		0		0
AFO PLASTIC MOLDED W/ANKLE J	SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE	Ancillary	Approved	1		0		0
AFO POS SOLID ANK PLASTIC MO	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	Ancillary	Approved	1		0		0
AFO POS SOLID ANK PLASTIC MO	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
AFO RIG ANT TIB PREFAB TCF/=	COMPLETE TRAUMATIC AMPUTATION OF LEFT GREAT TOE, INIT ENCNR	Ancillary	Approved	1		0		0
AFO RIG ANT TIB PREFAB TCF/=	FOOT DROP, LEFT FOOT	Ancillary	Approved	3		0		0
AFO RIG ANT TIB PREFAB TCF/=	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	1		0		0
AFO SING UPRIGHT W/ ADJUST S	OCCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	Ancillary	Approved	1		0		0
AFO SING UPRIGHT W/ ADJUST S	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Ancillary	Approved	1		0		0
AFO SUPRAMALLEOLAR CUSTOM	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Ancillary	Approved	1		0		0
AFO SUPRAMALLEOLAR CUSTOM	CONGENITAL TALIPES EQUINOVARUS	Ancillary	Approved	1		0		0
AFO SUPRAMALLEOLAR CUSTOM	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Ancillary	Approved	1		0		0
AFO, WALK BOOT TYPE, CUS FAB	TYPE 2 DIABETES MELLITUS W DIABETIC NEUROPATHIC ARTHROPATHY	Ancillary	Approved	1		0		0
AFREZZA	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY	Obstetrics/Gynecology		0		0	Approved	1
AFREZZA 4 UNIT CARTRIDGE	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
AFREZZA 4 UNIT/8 UNIT/12 UNIT	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
AFREZZA 4 UNIT/8 UNIT/12 UNIT	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
AFREZZA 4 UNIT/8 UNIT/12 UNIT	TYPE 2 DIAB W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA (NKHHC)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AFREZZA 4 UNIT/8 UNIT/12 UNIT	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
AFREZZA 4 UNIT/8 UNIT/12 UNIT	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
AFREZZA 4 UNIT/8 UNIT/12 UNIT	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AFREZZA 90-4 UNIT / 90-8 UNIT	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0

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AFREZZA 90-8 UNIT / 90-12 UNIT	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
AFTER CATARACT LASER SURGERY	OTHER SECONDARY CATARACT, LEFT EYE	Ophthalmology	Approved	1		0		0
AFTER CATARACT LASER SURGERY	OTHER SECONDARY CATARACT, RIGHT EYE	AMBULATORY SURGERY CENTER	Approved	1		0		0
AFTER CATARACT LASER SURGERY	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
AIMOVIG	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician		0		0	Approved	1
AIMOVIG	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Psychiatry		0		0	Approved	1
AIMOVIG	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician		0		0	Approved	1
AIMOVIG	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Psychiatry		0		0	Approved	1
AIMOVIG	HYPOPITUITARISM	Pediatrics		0		0	Denied	1
AIMOVIG	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatrics		0		0	Approved	1
AIMOVIG	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatrics		0		0	Denied	1
Aimovig	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine		0		0	Approved	1
AIMOVIG	Migraine without aura, not intractable, with status migrainosus	Emergency Medicine		0		0	Approved	1
AIMOVIG	Migraine without aura, not intractable, without status migrainosus	Emergency Medicine		0		0	Approved	1
AIMOVIG	Migraine without aura, not intractable, without status migrainosus	Pain Management		0		0	Denied	1
AIMOVIG 140 MG DOSE-2 AUTOINJ		Physician	Approved	1		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	3	Services are not medically necessary	3		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	FIBROMYALGIA	Pain Management	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	HEADACHE	Family Medicine	Approved	1		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	HEADACHE	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Clinical Neurophysiology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0

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AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Nurse Practitioner	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Approved	2		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Hematology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	15		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Anesthesiology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Nurse Practitioner	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Pain Management	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	6		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Nurse Practitioner	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	4		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	4	Services are not medically necessary	4		0
AIMOVIG 140 MG/ML AUTOINJECTOR	OTHER GENERAL SYMPTOMS AND SIGNS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR		Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR		Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Clinical Neurophysiology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	6		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ophthalmology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pain Management	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	6		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	6	Services are not medically necessary	6		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	HEADACHE	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	HEADACHE	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	HEADACHE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	HEADACHE	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	HEADACHE	Pain Management	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MENSTRUAL MIGRAINE, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	4		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	10	Services are not medically necessary	10		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pain Management	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	4		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Anesthesiology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	3		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	6	Services are not medically necessary	6		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner Primary Care	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSPECIFIED	Family Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	NEW DAILY PERSISTENT HEADACHE (NDPH)	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	OTHER MIGRAINE, NOT INTRACTABLE	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY		Dermatology		0		0	Denied	1
AJOVY		Internal Medicine		0		0	Denied	1
AJOVY	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Cardiovascular Disease		0		0	Denied	1
AJOVY	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Endocrinology And Metabolism		0		0	Denied	1
AJOVY	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Urology		0		0	Denied	1

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
AJOVY	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Gastroenterology		0		0	Approved	1
AJOVY 225 MG/1.5 ML SYRINGE		Neurology	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	6	Services are not medically necessary	6		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Physician	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	2		0		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	3		0		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Anesthesiology	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Anesthesiology	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	5		0		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	9	Services are not medically necessary	9		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	Family Medicine	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	HEADACHE	Neurology	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	HEADACHE	Psychiatry	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	4		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	5	Services are not medically necessary	5		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	2		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	10	Services are not medically necessary	10		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Surgery, Neurological	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Anesthesiology	Approved	2		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Anesthesiology	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	5		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	PERST MIGRAINE AURA W/O CEREBRAL INFRC, NTRCT, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
AK OPEN END SACH	COMPLETE TRAUMATIC AMP AT LEVEL BETW R HIP AND KNEE, INIT	Ancillary	Approved	1		0		0
AKLIEF 0.005% CREAM	ACNE VULGARIS	Physician	Approved	2		0		0
AKYNZEO 300-0.5 MG CAPSULE	NAUSEA WITH VOMITING, UNSPECIFIED	Hematology	Approved	1		0		0
AKYNZEO 300-0.5 MG CAPSULE	NAUSEA WITH VOMITING, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
AKYNZEO 300-0.5 MG CAPSULE	NAUSEA WITH VOMITING, UNSPECIFIED	Oncology	Approved	3		0		0

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ALA-SCALP 2% LOTION	OTHER SEBORRHEIC DERMATITIS	Dermatology	Approved	1		0		0
ALBUTEROL HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
ALBUTEROL HFA 90 MCG INHALER	OTHER ASTHMA	Pediatrics	Denied	1	Services are not medically necessary	1		0
ALBUTEROL HFA 90 MCG INHALER	SHORTNESS OF BREATH	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED	Ancillary	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	35		0		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE, UNCOMPLICATED	Facility	Approved	59		0		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	4		0		0
ALCOHOL AND/OR DRUG SERVICES	CANNABIS DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	6		0		0
ALCOHOL AND/OR DRUG SERVICES	CANNABIS DEPENDENCE, UNCOMPLICATED	Facility	Approved	3		0		0
ALCOHOL AND/OR DRUG SERVICES	COCAINE DEPENDENCE, UNCOMPLICATED	Facility	Approved	3		0		0
ALCOHOL AND/OR DRUG SERVICES	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED	Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	OPIOID DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	6		0		0
ALCOHOL AND/OR DRUG SERVICES	OPIOID DEPENDENCE, UNCOMPLICATED	Facility	Approved	17		0		0
ALCOHOL AND/OR DRUG SERVICES	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, UNCOMPLICATED	Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	OTHER STIMULANT ABUSE, UNCOMPLICATED	Ancillary	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	4		0		0
ALCOHOL AND/OR DRUG SERVICES	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Facility	Approved	12		0		0
ALCOHOL AND/OR DRUG SERVICES	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Facility	Approved	3		0		0
ALCOHOL WIPES PER BOX	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
ALCORTIN A GEL	TINEA PEDIS	Podiatry	Denied	1	Services are not medically necessary	1		0
ALDURAZYME 2.9 MG/5 ML VIAL	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Genetics	Approved	1		0		0
ALERTING DEVICE, ANY TYPE	AUTISTIC DISORDER	Pediatrics	Denied	1	Services are not medically necessary	1		0
ALINIA 500 MG TABLET		Gastroenterology	Denied	1	Services are not medically necessary	1		0
ALINIA 500 MG TABLET	CONSTIPATION, UNSPECIFIED	Surgery, General	Approved	1		0		0
ALINIA 500 MG TABLET	DIARRHEA, UNSPECIFIED	Gastroenterology	Approved	1		0		0
ALINIA 500 MG TABLET		Surgery, Colon And Rectal	Approved	1		0		0
ALINIA 500 MG TABLET	OTHER HEMORRHOIDS		Approved	1		0		0
ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Family Medicine		0		0	Approved	1
ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LOW BACK PAIN	Facility		0		0	Denied	1
ALOSETRON HCL 0.5 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ALOSETRON HCL 1 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Approved	1		0		0
ALOSETRON HCL 1 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ALOSETRON HCL 1 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Physician Assistant	Approved	1		0		0
ALOSETRON HCL 1 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Approved	1		0		0
ALPHA 1 PROTEINASE INHIBITOR	ACCIDENTAL FALL ON OR FROM LADDERS OR SCAFFOLDING	Ancillary	Approved	1		0		0
ALPHA 1 PROTEINASE INHIBITOR	ALPHA-1-ANTITRYPSIN DEFICIENCY	Ancillary	Approved	2		0		0
ALPHA 1 PROTEINASE INHIBITOR	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	2		0		0
ALPHA 1 PROTEINASE INHIBITOR	DEPENDENCE ON SUPPLEMENTAL OXYGEN	Ancillary	Approved	1		0		0
ALPHA 1 PROTEINASE INHIBITOR	FALL ON SIDEWALK CURB	Ancillary	Approved	2		0		0
ALPHA 1 PROTEINASE INHIBITOR	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
ALS 1	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	2		0		0
ALS 1	PHIMOSIS	Facility	Denied	1	Services are not medically necessary	1		0

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ALS 1	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	Ancillary	Approved	1		0		0
ALTEPLASE RECOMBINANT	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
ALTEPLASE RECOMBINANT	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
ALTOPREV 40 MG TABLET	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALTRENO 0.05% LOTION	ACNE VULGARIS	Dermatology	Denied	4	Services are not medically necessary	4		0
ALTRENO 0.05% LOTION	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
ALTRENO 0.05% LOTION	ACNE VULGARIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
ALTRENO 0.05% LOTION	ACNE, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ALTRENO 0.05% LOTION	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	Dermatology	Denied	1	Services are not medically necessary	1		0
ALVESCO 160 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ALVESCO 160 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
ALVESCO 80 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Denied	2	Services are not medically necessary	2		0
ALVESCO 80 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ALYQ 20 MG TABLET	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ALYQ 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALYS BRN NPGT PRGRMG 15 MIN	PARKINSON'S DISEASE	Facility	Approved	1		0		0
ALYS CPLX SP/PN NPGT W/PRGRM	BREAKDOWN OF URINARY ELECTRONIC STIMULATOR DEVICE, INIT	Ancillary	Approved	1		0		0
ALYS CPLX SP/PN NPGT W/PRGRM	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
ALYS CPLX SP/PN NPGT W/PRGRM	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
ALYS SMPL SP/PN NPGT W/PRGRM	PAIN IN RIGHT LEG	Facility	Approved	1		0		0
AMBIEN 10 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
AMBIEN 5 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
AMBIEN CR 12.5 MG TABLET	PRIMARY INSOMNIA	Psychiatry	Approved	1		0		0
AMBIEN CR 6.25 MG TABLET	PRIMARY INSOMNIA	Psychiatry	Denied	1	Services are not medically necessary	1		0
AMBRISANTAN 10 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
AMBRISANTAN 10 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
AMBULATORY SURGICAL BOOT EAC	BUNION OF LEFT FOOT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	BUNION OF RIGHT FOOT	Ancillary	Approved	2		0		0
AMBULATORY SURGICAL BOOT EAC	BUNION OF UNSPECIFIED FOOT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	DISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	DISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Ancillary	Approved	2		0		0
AMBULATORY SURGICAL BOOT EAC	DISPLACED UNSP FRACTURE OF LEFT LESSER TOE(S), INIT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	HALLUX VARUS (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INIT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	Ancillary	Approved	2		0		0
AMBULATORY SURGICAL BOOT EAC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	2		0		0
AMBULATORY SURGICAL BOOT EAC	OTHER HAMMER TOE(S) (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	OTHER SPECIFIED SOFT TISSUE DISORDERS	Ancillary	Approved	1		0		0

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AMBULATORY SURGICAL BOOT EAC	PAIN IN LEFT FOOT	Ancillary	Approved	4		0		0
AMBULATORY SURGICAL BOOT EAC	PAIN IN RIGHT FOOT	Ancillary	Approved	2		0		0
AMBULATORY SURGICAL BOOT EAC	SPRAIN OF METATARSOPHALANGEAL JOINT OF RIGHT GREAT TOE, INIT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	UNSP FRACTURE OF RIGHT FOOT, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	UNSPECIFIED PHYSEAL FRACTURE OF PHALANX OF RIGHT TOE, INIT	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	UNSPECIFIED SPRAIN OF UNSPECIFIED TOE(S), INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
AMBULATORY SURGICAL BOOT EAC	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
AMERGE 2.5 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
AMICAR 0.25 GRAM/ML ORAL SOLN	OTHER GENERAL SYMPTOMS AND SIGNS	Hematology	Approved	1		0		0
AMINOCAPROIC ACID 25% SOLUTION	ABNORMAL COAGULATION PROFILE	Pediatric Hematology/Oncology	Approved	1		0		0
AMMONIUM LACTATE 12% CREAM		Family Medicine	Denied	1	Services are not medically necessary	1		0
AMMONIUM LACTATE 12% CREAM	INGROWING NAIL	Podiatry	Denied	1	Services are not medically necessary	1		0
AMNESTEEM 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
AMNIOBAND, GUARDIAN 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS	Podiatry	Denied	1	Services are not medically necessary	1		0
AMPHOTERICIN B LIPOSOME INJ	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Facility	Approved	1		0		0
AMPUTATION FOLLOW-UP SURGERY	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Facility	Approved	1		0		0
AMPUTATION FOLLOW-UP SURGERY	DISPL TRANSVERSE FX SHAFT OF L TIBIA, 7THF	Surgery, Orthopedic	Approved	2		0		0
AMPUTATION OF FINGER/THUMB	OSTEOMYELITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
AMPUTATION OF LOWER LEG	ATHSCL NATIVE ART OF LEFT LEG W ULCER OF HEEL AND MIDFOOT	Facility	Approved	1		0		0
AMPUTATION OF LOWER LEG	DISPL TRANSVERSE FX SHAFT OF L TIBIA, 7THF	Other	Approved	1		0		0
AMPUTATION OF LOWER LEG	FALL FROM BUILDING	Other	Approved	1		0		0
AMPUTATION OF LOWER LEG	LIPOMATOSIS, NOT ELSEWHERE CLASSIFIED	Other	Approved	1		0		0
AMPUTATION OF LOWER LEG	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W UNSP SEVERITY	Facility	Approved	1		0		0
AMPUTATION OF LOWER LEG	PARTIAL TRAUMATIC AMPUTATION OF LEFT FOOT, LEVEL UNSP, INIT	Surgery, Orthopedic	Approved	1		0		0
AMPUTATION OF LOWER LEG	UNSPECIFIED OPEN WOUND OF RIGHT ELBOW, INITIAL ENCOUNTER	Surgery, Vascular	Approved	1		0		0
AMPUTATION OF LOWER LEG	UNSPECIFIED OPEN WOUND, LEFT ANKLE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
AMPUTATION OF LOWER LEG	UNSPECIFIED OPEN WOUND, LEFT ANKLE, INITIAL ENCOUNTER	Other	Approved	1		0		0
AMPUTATION THRU METATARSAL	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
AMPUTATION THRU METATARSAL	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
AMPYRA ER 10 MG TABLET		Neurology	Approved	1		0		0
AMPYRA ER 10 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	7		0		0
AMPYRA ER 10 MG TABLET	MULTIPLE SCLEROSIS	Nurse Practitioner	Approved	2		0		0
AMPYRA ER 10 MG TABLET	MULTIPLE SCLEROSIS	Physician	Approved	1		0		0
AMPYRA ER 10 MG TABLET	PARALYTIC GAIT	Neurology	Approved	1		0		0
AMRIX	OTHER MUSCLE SPASM	Pain Management		0		0	Denied	1

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AMRIX	OTHER MUSCLE SPASM	Surgery, Orthopedic		0		0	Approved	1
AMRIX ER 15 MG CAPSULE	MUSCLE SPASM OF BACK	Physician	Denied	1	Services are not medically necessary	1		0
AMRIX ER 15 MG CAPSULE	OTHER CHRONIC PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
AMRIX ER 15 MG CAPSULE	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION	Psychiatry	Denied	1	Services are not medically necessary	1		0
AMRIX ER 15 MG CAPSULE	OTHER MUSCLE SPASM	Pain Management	Denied	3	Services are not medically necessary	3		0
AMRIX ER 15 MG CAPSULE	OTHER MUSCLE SPASM	Psychiatry	Denied	1	Services are not medically necessary	1		0
AMRIX ER 30 MG CAPSULE	OTHER MUSCLE SPASM	Pain Management	Denied	1	Services are not medically necessary	1		0
AMRIX ER 30 MG CAPSULE	OTHER MUSCLE SPASM	Physician Assistant	Approved	1		0		0
ANADROL-50 TABLET	CACHEXIA	Internal Medicine	Approved	1		0		0
ANAL PRESSURE RECORD	CHRONIC IDIOPATHIC CONSTIPATION	Facility	Approved	1		0		0
ANAL PRESSURE RECORD	OTHER PROBLEMS WITH NEWBORN	Facility	Approved	2		0		0
ANAL SP INF PMP W/REPRG&FILL	HEREDITARY SPASTIC PARAPLEGIA	Neurology	Approved	4		0		0
ANAL/URINARY MUSCLE STUDY	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	Family Medicine	Approved	1		0		0
ANAL/URINARY MUSCLE STUDY; COMPLEX CYSTOMETROGRAM W VOIDING PRESS STUDIES; COMPLEX CYSTOMETROGRAM;	R39.9 - Unspecified symptoms and signs involving the genitourinary system	Urology	Approved	1		0		0
ANAL/URINARY MUSCLE STUDY; COMPLEX CYSTOMETROGRAM W VOIDING PRESS STUDIES; ELECTRO-UROFLOWMETRY, F	N13.8 - Other obstructive and reflux uropathy; N40.1 - Benign prostatic hyperplasia with lower urinary tract symptoms	Urology	Approved	1		0		0
ANAL/URINARY MUSCLE STUDY; COMPLEX CYSTOMETROGRAM W VOIDING PRESS STUDIES; ELECTRO-UROFLOWMETRY, F	N39.41 - Urge incontinence; R35.0 - Frequency of micturition	Urology	Approved	1		0		0
ANAL/URINARY MUSCLE STUDY; COMPLEX CYSTOMETROGRAM W VOIDING PRESS STUDIES; ELECTRO-UROFLOWMETRY, F	R39.9 - Lower urinary tract symptoms	Urology	Approved	1		0		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	HYPOTHYROIDISM UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	OTHER CHEST PAIN	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0

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Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	HYPOTHYROIDISM UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ANCILLARY ANESTHESIOLOGIST; LAP GASTRIC BYPASS/ROUX-EN-Y; INITIAL HOSPITAL CARE	E66.01 - Morbid (severe) obesity due to excess calories	Surgery	Approved	1		0		0
ANDRODERM 2 MG/24HR PATCH	DUAL ROLE TRANSVESTISM	Endocrinology And Metabolism	Approved	1		0		0
ANDRODERM 2 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
ANDRODERM 4 MG/24HR PATCH	DISORDER OF PITUITARY GLAND, UNSPECIFIED	Family Medicine	Approved	1		0		0
ANDRODERM 4 MG/24HR PATCH	DISORDER OF PITUITARY GLAND, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ANDRODERM 4 MG/24HR PATCH	ENDOCRINE DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ANDRODERM 4 MG/24HR PATCH	ERECTILE DYSFUNCTION FOLLOWING PROSTATE ABLATIVE THERAPY	Physician	Approved	1		0		0
ANDRODERM 4 MG/24HR PATCH	GENDER IDENTITY DISORDER, UNSPECIFIED	Pediatrics	Approved	1		0		0
ANDRODERM 4 MG/24HR PATCH	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Internal Medicine	Approved	1		0		0
ANDRODERM 4 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	2		0		0
ANDRODERM 4 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
ANDRODERM 4 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ANDRODERM 4 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
ANDRODERM 4 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Urology	Denied	3	Services are not medically necessary	3		0
ANDROGEL	TESTICULAR HYPOFUNCTION	Neurology		0		0	Approved	1
ANDROGEL	TESTICULAR HYPOFUNCTION	Pain Management		0		0	Approved	1
ANDROGEL 1%(2.5G) GEL PACKET	TESTICULAR HYPOFUNC NEC	Family Medicine	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1%(5G) GEL PACKET	ANOREXIA	Surgery, General	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1%(5G) GEL PACKET	ENDOCRINE DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ANDROGEL 1%(5G) GEL PACKET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1%(5G) GEL PACKET	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	3		0		0
ANDROGEL 1%(5G) GEL PACKET	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	3		0		0
ANDROGEL 1%(5G) GEL PACKET	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1%(5G) GEL PACKET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Endocrinology And Metabolism	Approved	1		0		0
ANDROGEL 1%(5G) GEL PACKET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP		General Practice	Approved	1		0		0
ANDROGEL 1.62% GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
ANDROGEL 1.62% GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ANDROGEL 1.62% GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
ANDROGEL 1.62% GEL PUMP	HYPOPITUITARISM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	OTHER FATIGUE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
ANDROGEL 1.62% GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Approved	1		0		0

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ANDROGEL 1.62% GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Denied	2	Services are not medically necessary	2		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	3		0		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	4		0		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	6	Services are not medically necessary	6		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	General Practice	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	3	Services are not medically necessary	3		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Physician	Denied	2	Services are not medically necessary	2		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Urology	Approved	2		0		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Urology	Denied	2	Services are not medically necessary	2		0
ANDROGEL 1.62%(1.25G) GEL PCKT	TESTICULAR DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
ANDROGEL 1.62%(1.25G) GEL PCKT	TESTICULAR HYPOFUNCTION	Cardiovascular Disease	Approved	1		0		0
ANDROGEL 1.62%(1.25G) GEL PCKT	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
ANDROGEL 1.62%(1.25G) GEL PCKT	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	4	Services are not medically necessary	4		0
ANDROGEL 1.62%(1.25G) GEL PCKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
ANDROGEL 1.62%(1.25G) GEL PCKT	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62%(2.5G) GEL PCKT	TESTICULAR HYPERFUNCTION	Internal Medicine	Approved	1		0		0
ANDROGEL 1.62%(2.5G) GEL PCKT	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
ANDROGEL 1.62%(2.5G) GEL PCKT	TESTICULAR HYPOFUNCTION	General Practice	Denied	1	Services are not medically necessary	1		0
ANESTH CABG W/O PUMP	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	1		0		0
ANESTH PROCEDURE ON MOUTH	DENTAL CARIES, UNSPECIFIED	Ancillary	Approved	1		0		0
ANESTH PROCEDURE ON MOUTH	DENTAL CARIES, UNSPECIFIED	Facility	Approved	1		0		0
ANKLE ARTHROSCOPY/SURGERY	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
ANKLE ARTHROSCOPY/SURGERY	PERITONSILLAR ABSCESS	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	ACUTE PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	DISPLACED BIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Ancillary	Approved	2		0		0
ANKLE CONTROL ORTHO PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	OSTEOCHONDRITIS DISSECANS, R ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	5		0		0
ANKLE CONTROL ORTHO PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	3		0		0
ANKLE CONTROL ORTHO PRE OTS	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF CALCANEOFIBULAR LIGAMENT OF LEFT ANKLE, INIT	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	3		0		0
ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF UNSP LIGAMENT OF UNSPECIFIED ANKLE, INIT ENCNR	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNR	Ancillary	Approved	5		0		0

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ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNR	Ancillary	Approved	6		0		0
ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Ancillary	Approved	4		0		0
ANKLE CONTROL ORTHO PRE OTS	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, LEFT LEG, INIT	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
ANKLE CONTROL ORTHO PRE OTS	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
ANL SP INF PMP W/MDREPRG&FIL	CHRONIC PAIN SYNDROME	Facility	Approved	1		0		0
ANL SP INF PMP W/MDREPRG&FIL	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
ANL SP INF PMP W/MDREPRG&FIL	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Pain Management	Approved	1		0		0
ANL SP INF PMP W/MDREPRG&FIL	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
ANL SP INF PMP W/MDREPRG&FIL	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, THORACIC REGION	Pain Management	Approved	1		0		0
ANT FUSION 4-7 VERT SEG	NEUROMUSCULAR SCLIOSIS, THORACOLUMBAR REGION	Facility	Approved	1		0		0
ANTERIOR COLPORRHAPHY	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
ANTERIOR COLPORRHAPHY	STRESS INCONTINENCE (FEMALE) (MALE)	Facility	Approved	2		0		0
ANTERIOR COLPORRHAPHY	STRESS INCONTINENCE (FEMALE) (MALE)	HOSPITAL	Approved	1		0		0
ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	CERVICALGIA	Psychiatry		0		0	Denied	1
ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility		0		0	Denied	1
ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SPINAL STENOSIS, CERVICAL REGION	Internal Medicine		0		0	Denied	1
ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SPINAL STENOSIS, CERVICAL REGION	Family Medicine		0		0	Approved	1
Anterior tibial tubercleplasty (eg, Maquet type procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTH SPONT DISRUPT CAPSULAR LIGAMENT RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER ARTICULAR CARTILAGE DISORDERS UNS SITE	ORTHOPEDIC SURGERY	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER INSTABILITY LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER INSTABILITY RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	PATELLOFEMORAL DISORDERS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	RECURRENT DISLOCATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	RECURRENT DISLOCATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	RECURRENT SUBLUXATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
ANTI-INHIBITOR	ACQUIRED HEMOPHILIA	Hematology	Approved	2		0		0
ANUSOL-HC 2.5% CREAM	PRURITUS ANI	Family Medicine	Denied	1	Services are not medically necessary	1		0
ANUSOL-HC 25 MG SUPPOSITORY	FIRST DEGREE HEMORRHOIDS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AORTIC DYSFUNCTION/DILATION	DORSALGIA, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
APAP WITH COMPLIANCE MONITORING	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	2	Services are not medically necessary	2		0
APC GENE DUP/DELET VARIANTS	FAMILY HISTORY OF COLONIC POLYPS	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0

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APC GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE DUP/DELET VARIANTS	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE DUP/DELET VARIANTS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE DUP/DELET VARIANTS	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	BURKITT LYMPHOMA, UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	FAMILY HISTORY OF COLONIC POLYPS	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	LIVER DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RECTUM	Facility	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	1		0		0
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	Ancillary	Approved	1		0		0
APC GENE FULL SEQUENCE	OTH TEAR OF LAT MENS, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
APC GENE FULL SEQUENCE	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE FULL SEQUENCE	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
APC GENE KNOWN FAM VARIANTS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
APHERESIS PLASMA	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Facility	Approved	5		0		0
APHERESIS PLASMA	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Facility	Denied	1	Services are not medically necessary	1		0
APHERESIS PLASMA	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Facility	Approved	6		0		0
APHERESIS PLASMA	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Facility	Approved	4		0		0
APHERESIS PLASMA	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Facility	Approved	2		0		0
APHERESIS PLASMA	OTHER SPECIFIED PLEURAL CONDITIONS	Facility	Denied	1	Services are not medically necessary	1		0
APHERESIS PLASMA	SICKLE-CELL DISEASE WITHOUT CRISIS	Facility	Approved	3		0		0
APHERESIS WBC	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
APHERESIS WBC	OTHER HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Other	Approved	1		0		0
APIDRA 100 UNITS/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
APIDRA 100 UNITS/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
APIDRA 100 UNITS/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Nurse Practitioner	Approved	1		0		0

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APIDRA 100 UNITS/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
APIDRA 100 UNITS/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
APIDRA SOLOSTAR 100 UNITS/ML	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Approved	1		0		0
APIDRA SOLOSTAR 100 UNITS/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
APIDRA SOLOSTAR 100 UNITS/ML	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	General Practice	Approved	1		0		0
APIDRA SOLOSTAR 100 UNITS/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
APIDRA SOLOSTAR 100 UNITS/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
APIDRA SOLOSTAR 100 UNITS/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
APIDRA SOLOSTAR 100 UNITS/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
APLENZIN	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITHOUT PSYCHOTIC FEATURES	Dermatology		0		0	Denied	1
APLENZIN ER 174 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	3		0		0
APLENZIN ER 348 MG TABLET		Psychiatry	Approved	1		0		0
APLENZIN ER 348 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSP	Psychiatry	Approved	1		0		0
APLENZIN ER 348 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Counseling	Approved	1		0		0
APLENZIN ER 348 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
APLENZIN ER 348 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	1		0		0
APLENZIN ER 522 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
APLENZIN ER 522 MG TABLET	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES	Psychiatry	Denied	2	Services are not medically necessary	2		0
APLENZIN ER 522 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician Assistant	Approved	3		0		0
APLENZIN ER 522 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
APLENZIN ER 522 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Counseling	Approved	1		0		0
APLENZIN ER 522 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
APNEA MONITOR W RECORDER	OTHER APNEA OF NEWBORN	Ancillary	Approved	1		0		0
APPENDECTOMY	ACUTE APPENDICITIS WITH PERF AND LOC PERITONITIS, W/O ABSCS	Facility	Approved	1		0		0
APPENDECTOMY	ACUTE APPENDICITIS WITH PERF AND LOC PERITONITIS, WITH ABSCS	Facility	Approved	1		0		0
APPENDECTOMY	OTHER FECAL ABNORMALITIES	Facility	Approved	1		0		0
APPLICATION LOWER LEG SPLINT	UNSP FRACTURE OF SHAFT OF RIGHT FIBULA, INIT FOR CLOS FX	Facility	Approved	1		0		0
APPLICATION OF BODY CAST	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Facility	Approved	2		0		0
APPLICATION OF BODY CAST	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
APPLICATION OF PASTE BOOT	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
Applied Behavior Analysis (ABA)	AUTISTIC DISORDER	Behavioral Health Facility		0		0	Approved	2

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Applied Behavior Analysis (ABA)	AUTISTIC DISORDER	Behavioral Health Facility		0		0	Denied	2
APPLIED BEHAVIORAL ANALYSIS	Autistic disorder	Behavioral Health Facility	Approved	29		0		0
APPLIED BEHAVIORAL ANALYSIS	Autistic disorder	Behavioral Health Provider	Approved	30		0		0
APPLIED BEHAVIORAL ANALYSIS	Pervasive developmental disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
APPLY BODY CAST RISSER JACKET	M41.00 - Infantile idiopathic scoliosis, site unspecified	Pediatric Orthopedic Surg	Approved	1		0		0
APPLY BONE FIXATION DEVICE	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
APPLY BONE FIXATION DEVICE	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Other	Approved	1		0		0
APPLY BONE FIXATION DEVICE	PERSON INJURED IN COLLISION BETW OTH MTR VEH (TRAFFIC), INIT	Surgery, Orthopedic	Approved	1		0		0
APPLY BONE FIXATION DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
APPLY MULTLAY COMPRS LWR LEG	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
APPLY SRS HEADFRAME ADD-ON	BENIGN NEOPLASM OF CEREBRAL MENINGES	Facility	Approved	1		0		0
APREPITANT 80 MG CAPSULE	NAUSEA WITH VOMITING, UNSPECIFIED	Hematology	Approved	1		0		0
APRISO ER 0.375 GRAM CAPSULE	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
APTENSIO	Attention-deficit hyperactivity disorder, combined type	Gastroenterology		0		0	Approved	1
APTENSIO XR 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
APTENSIO XR 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
APTENSIO XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
APTENSIO XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
APTENSIO XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
APTENSIO XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
APTENSIO XR 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
APTENSIO XR 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
APTENSIO XR 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
APTENSIO XR 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
APTIOM 200 MG TABLET	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	Neurology	Denied	1	Services are not medically necessary	1		0
APTIOM 200 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	1		0		0
APTIOM 400 MG TABLET	LOCAL-REL SYMPTC EPI W CMLX PARTIAL SEIZ, NTRCT, W STAT EPI	Sleep Medicine	Approved	1		0		0
APTIOM 400 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Approved	1		0		0
APTIOM 600 MG TABLET	LOCAL-REL SYMPTC EPI W CMLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
APTIOM 600 MG TABLET	TRIGEMINAL NEURALGIA	Neurology	Denied	1	Services are not medically necessary	1		0
APTIOM 800 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	2		0		0
APTIOM 800 MG TABLET	LOCAL-REL SYMPTC EPI W CMLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	2		0		0

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APTIOM 800 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
AQUATIC THERAPY/EXERCISES	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
AQUEOUS SHUNT EYE W/GRAFT	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL, MILD STAGE	Ancillary	Approved	1		0		0
AQUEOUS SHUNT EYE W/GRAFT	GLAUCOMA SECONDARY TO EYE INFLAM, RIGHT EYE, SEVERE STAGE	AMBULATORY SURGERY CENTER	Approved	1		0		0
AQUEOUS SHUNT EYE W/GRAFT	LOW-TENSION GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ancillary	Approved	1		0		0
AQUEOUS SHUNT EYE W/GRAFT	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	2		0		0
AQUEOUS SHUNT EYE W/GRAFT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, INDETERMINATE STAGE	Ancillary	Approved	1		0		0
AQUEOUS SHUNT EYE W/GRAFT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ancillary	Approved	2		0		0
AQUEOUS SHUNT EYE W/GRAFT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ancillary	Approved	7		0		0
AQUEOUS SHUNT EYE W/GRAFT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Facility	Approved	2		0		0
AQUEOUS SHUNT EYE W/GRAFT	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ancillary	Approved	2		0		0
AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN); WITH GRA	H40.1112 - Primary open-angle glaucoma, right eye, moderate stage	Ophthalmology	Approved	1		0		0
ARANESP 25 MCG/ML VIAL	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	1		0		0
ARANESP 25 MCG/ML VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Nephrology	Approved	1		0		0
ARANESP 40 MCG/0.4 ML SYRINGE	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	1		0		0
ARESTIN 1 MG MICROSPHERE		Physician	Denied	1	Services are not medically necessary	1		0
ARIKAYCE	MYCOBACTERIAL INFECTION, UNSPECIFIED	Facility		0		0	Approved	1
ARIKAYCE	OTHER MYCOBACTERIAL INFECTIONS	Family Medicine		0		0	Approved	1
ARIKAYCE 590 MG/8.4 ML VIAL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
ARIKAYCE 590 MG/8.4 ML VIAL	MYCOBACTERIAL INFECTION, UNSPECIFIED	Infectious Disease	Approved	1		0		0
ARIKAYCE 590 MG/8.4 ML VIAL	MYCOBACTERIAL INFECTION, UNSPECIFIED	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
ARIKAYCE 590 MG/8.4 ML VIAL	OTHER MYCOBACTERIAL INFECTIONS	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
ARIKAYCE 590 MG/8.4 ML VIAL	PULMONARY MYCOBACTERIAL INFECTION	Pediatric Infectious Disease	Approved	1		0		0
ARIKAYCE 590 MG/8.4 ML VIAL	PULMONARY MYCOBACTERIAL INFECTION	Pulmonary Disease	Approved	1		0		0
ARIPIPRAZOLE 5 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
ARIPIPRAZOLE 5 MG TABLET	SCHIZOPHRENIFORM DISORDER	Family Medicine	Approved	1		0		0
ARISTADA ER 882 MG/3.2 ML SYRN	PARANOID SCHIZOPHRENIA	Psychiatry	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	ADJUSTMENT INSOMNIA	Internal Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Behavioral Nurse	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Cardiovascular Disease	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Approved	9		0		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Nurse Practitioner Primary Care	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	4		0		0

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ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physician	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	4		0		0
ARMODAFINIL 150 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
ARMODAFINIL 150 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Neurology	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
ARMODAFINIL 150 MG TABLET	MULTIPLE SCLEROSIS	Physical Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE W/O CATAPLEXY	Family Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Neurology	Approved	2		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Allergy/Immunology	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	General Practice	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Allergy/Immunology	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	3		0		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	7		0		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Rheumatology	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	OTH INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	OTHER CIRCADIAN RHYTHM SLEEP DISORDER	Family Medicine	Approved	2		0		0
ARMODAFINIL 150 MG TABLET	OTHER FATIGUE	Neurology	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	OTHER SLEEP APNEA	Psychiatry	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	PRIMARY CENTRAL SLEEP APNEA	Psychiatry	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	PRIMARY HYPERMOMNIA	Neurology	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	SLEEP APNEA, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	SOMNOLENCE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, IRREGULAR SLEEP WAKE TYPE	Behavioral Nurse	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Behavioral Nurse	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physical Medicine	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physician	Approved	3		0		0
ARMODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 200 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	IDIOPATHIC HYPERMOMNIA WITH LONG SLEEP TIME	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 200 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	MULTIPLE SCLEROSIS	Psychiatry	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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ARMODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Allergy/Immunology	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	OTHER FATIGUE	Neurology	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	CHR OBSTRUCTIVE PULMON DISEASE WITH (ACUTE) LOWER RESP INFCT	Family Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Behavioral Nurse	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Cardiovascular Disease	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Nurse Practitioner	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Nurse Practitioner Primary Care	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	3		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Nurse Practitioner	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physical Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physician	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physician Assistant	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	8		0		0
ARMODAFINIL 250 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	INSOMNIA, UNSPECIFIED	Psychiatry	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	MULTIPLE SCLEROSIS	Nurse Practitioner	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY	Psychiatry	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE W/O CATAPLEXY	Internal Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Nurse Practitioner	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Pulmonary Disease	Approved	3		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Rheumatology	Denied	2	Services are not medically necessary	2		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	4		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	General Practice	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	General Practice	Denied	1	Services are not medically necessary	1		0

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ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Physician	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Physician	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	3		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	OTHER FATIGUE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	OTHER FATIGUE	Internal Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OTHER FATIGUE	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OTHER HYPERSOMNIA	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OTHER HYPERSOMNIA	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	PRIMARY CENTRAL SLEEP APNEA	Physician	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	SLEEP APNEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	SLEEP APNEA, UNSPECIFIED	Psychiatry	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	SOMNOLENCE	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	UNDIFFERENTIATED SOMATOFORM DISORDER	Psychiatry	Denied	2	Services are not medically necessary	2		0
ARMODAFINIL 50 MG TABLET	ATTENTION AND CONCENTRATION DEFICIT	Neurology	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 50 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	2		0		0
ARMODAFINIL 50 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	1		0		0
ARMODAFINIL 50 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
ARMODAFINIL 50 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 50 MG TABLET	OTHER FATIGUE	Physician	Denied	1	Services are not medically necessary	1		0
ARNUIITY ELLIPTA	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Surgery, Orthopedic		0		0	Approved	1
ARNUIITY ELLIPTA 100 MCG INH	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ARNUIITY ELLIPTA 100 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	2		0		0
ARNUIITY ELLIPTA 100 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Physician	Approved	1		0		0
ARNUIITY ELLIPTA 100 MCG INH	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ARNUIITY ELLIPTA 200 MCG INH	ALLERGIC RHINITIS DUE TO POLLEN	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARNUIITY ELLIPTA 200 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Family Medicine	Approved	1		0		0
ARNUIITY ELLIPTA 200 MCG INH	COUGH VARIANT ASTHMA	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ARNUIITY ELLIPTA 200 MCG INH	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy	Approved	1		0		0
ARNUIITY ELLIPTA 200 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ARNUIITY ELLIPTA 200 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
ARNUIITY ELLIPTA 200 MCG INH	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ARNUIITY ELLIPTA 200 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
ARNUIITY ELLIPTA 200 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ART BYP AORTOBIFEMORAL	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Other	Approved	1		0		0
ART BYP AORTOBIFEMORAL	EMBOLISM AND THROMBOSIS OF UNSPECIFIED PARTS OF AORTA	Internal Medicine	Approved	1		0		0
ART BYP FEMORAL-FEMORAL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
ART BYP FEMORAL-POPLITEAL	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Facility	Approved	1		0		0
ART BYP FEMORAL-POPLITEAL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
ART BYP FEMORAL-POPLITEAL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Radiology, Diagnostic	Approved	1		0		0
ART BYP FEMORAL-POPLITEAL	UNSPECIFIED ATHEROSCLEROSIS	Facility	Approved	1		0		0
ART BYP GRFT AORTOFEMORAL	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Facility	Approved	1		0		0
ART BYP GRFT FEM-POPLITEAL	ATHSCL NATIVE ART OF LEFT LEG W ULCER OF HEEL AND MIDFOOT	Other	Approved	1		0		0

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ART BYP GRFT FEM-POPLITEAL	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Facility	Approved	1		0		0
ART BYP GRFT FEM-POPLITEAL	UNSPECIFIED ATHEROSCLEROSIS	Other	Approved	1		0		0
ART BYP GRFT IPSILAT CAROTID	BENIGN NEOPLASM OF CAROTID BODY	Surgery, Vascular	Approved	1		0		0
ARTERY X-RAY EACH VESSEL	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
ARTERY X-RAYS ABDOMEN	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
ARTERY-VEIN NONAUTOGRAFT	END STAGE RENAL DISEASE	Facility	Approved	3		0		0
ARTERY-VEIN NONAUTOGRAFT	N18.6 - End stage renal disease	Surgery	Approved	1		0		0
ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACR	M08.40 - Pauciarticular juvenile rheumatoid arthritis, unspecified site	Pediatric Rheumatology	Approved	1		0		0
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ARTHRODESIS SACROILIAC JOINT	SPINAL INSTABILITIES, SACRAL AND SACROCOCCYGEAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SPONDYLOLISTHESIS, LUMBAR REGION	Pediatric Endocrinology		0		0	Denied	1
ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	CONGENITAL SPONDYLOLISTHESIS	Neurology		0		0	Denied	1
ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Other idiopathic scoliosis, thoracic region	Rheumatology		0		0	Approved	1
ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Pediatric Endocrinology		0		0	Denied	1
ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Rheumatology		0		0	Denied	1
ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Postlaminectomy syndrome, not elsewhere classified	Ancillary		0		0	Denied	1
ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Spinal stenosis, lumbar region with neurogenic claudication	Emergency Medicine		0		0	Approved	1
ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	FUSION OF SPINE, CERVICAL REGION	Emergency Medicine		0		0	Approved	1
ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	Surgery, Orthopedic		0		0	Approved	1
ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	RADICULOPATHY, CERVICAL REGION	Pediatric Endocrinology		0		0	Denied	1
ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Radiculopathy, cervical region	Physical Medicine		0		0	Approved	1

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ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physician		0		0	Approved	1
ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	LOW BACK PAIN	Dermatology		0		0	Denied	2
ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Lumbosacral root disorders, not elsewhere classified	Psychiatry		0		0	Approved	1
ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Physician		0		0	Denied	1
ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	RADICULOPATHY, LUMBAR REGION	Emergency Medicine		0		0	Denied	1
ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Allergy/Immunology		0		0	Denied	1
ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Internal Medicine		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Radiculopathy, cervical region	Obstetrics/Gynecology		0		0	Approved	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT ENCOUNTER	Nurse Practitioner		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Other intervertebral disc displacement, lumbar region	Dermatology		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Internal Medicine		0		0	Approved	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Internal Medicine		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	RADICULOPATHY, LUMBAR REGION	Internal Medicine		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Dermatology		0		0	Denied	1

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ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Physician Assistant		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Psychiatry		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	Neurology		0		0	Approved	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Spondylolisthesis, site unspecified	Physician		0		0	Approved	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Spondylolisthesis, site unspecified	Physician Assistant		0		0	Denied	1
ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Spondylosis without myelopathy or radiculopathy, lumbar region	Emergency Medicine		0		0	Denied	1
ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Oncology		0		0	Denied	1
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	DISPL FX BASE NECK RT FEMUR INITIAL ENC CLOS FX	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	DSPL ARTICLR FX HEAD LT FEMUR INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	FX UNS PART NECK RT FEMUR SUBSQT CLOS FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	OSTEONECROSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	RA WITHOUT RHEUMATOID FACTOR LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	RHEUMATOID ARTHRITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA RT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA RT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	Approved	10		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	Denied	5	Services are not medically necessary	5		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	62		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	9	Services are not medically necessary	9		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	Approved	11		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	93		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	16	Services are not medically necessary	16		0
Arthroplasty, femoral condyles or tibial plateau(s), knee	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, glenohumeral joint; hemiarthroplasty	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; hemiarthroplasty	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; hemiarthroplasty	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, glenohumeral joint; hemiarthroplasty	UNS FX UPPER END RT HUMERUS INIT CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	DSPLCD FX GT TUBEROS RT HUM SUB ENC FX MALUNION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	OTH DSPLCD FX UPPER END RT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	OTHER SPECIFIC ARTHROPATHIES NEC LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	OTHER SPECIFIC ARTHROPATHIES NEC RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	POST-TRAUMATIC OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	POST-TRAUMATIC OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	16		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	UNS FX SHAFT HUM LT ARM INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	31		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	INF & INFLAM REACT INTRL RT KNEE PROSTH SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OSTEOARTHRITIS OF KNEE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT INT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OTHER SPECIFIED ARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OTHER SPECIFIED ARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	RHEUMATOID ARTHRITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ONCOLOGY	Approved	2		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	18		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	167		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	13	Services are not medically necessary	13		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	GENERAL PRACTICE	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	13		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	170		0		0

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Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	17	Services are not medically necessary	17		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEdic	Approved	2		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	PAIN IN LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	16		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	12		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	8	Services are not medically necessary	8		0
Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)	OTHER CHRONIC OSTEOMYELITIS RIGHT THIGH	PEDIATRIC ORTHOPEdist	Approved	2		0		0
Arthroplasty, patella; with prosthesis	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Arthroplasty, patella; with prosthesis	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroplasty, patella; with prosthesis	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
ARTHROSCOP ROTATOR CUFF REPR	BICIPITAL TENDINITIS, RIGHT SHOULDER	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	CALCIFIC TENDINITIS, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Ancillary	Approved	3		0		0
ARTHROSCOP ROTATOR CUFF REPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Facility	Approved	8		0		0
ARTHROSCOP ROTATOR CUFF REPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Ancillary	Approved	7		0		0
ARTHROSCOP ROTATOR CUFF REPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Facility	Approved	8		0		0
ARTHROSCOP ROTATOR CUFF REPR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	PAIN IN RIGHT KNEE	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, SUBS	Facility	Approved	1		0		0

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ARTHROSCOP ROTATOR CUFF REPR	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNR	Internal Medicine	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
ARTHROSCOP ROTATOR CUFF REPR	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	BUCKET-HANDLE TEAR LAT MENSUS CURR LT KNEE INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	ORTHOPEdic SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEdic	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHRONIC INSTABILITY OF KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEdic SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE SBSQT	SURGERY-ORTHOPEdic	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	INTERNAL MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SBSQT	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEdic SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	7		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEdic SURGERY	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	4		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CYSTIC MENISCUS ANT HORN MEDIAL MENISCUS RT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0

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Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CYSTIC MENISCUS UNSPECIFIED MENISCUS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	DERANGEMENT UNS MENISCUS OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	DERANGEMENT UNS MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	LOOSE BODY IN KNEE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH COMP INTRL ORTH PROS DEVC IMPL GFT INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH MECH COMP MUSCLE & TENDON GRAFT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH MENISCUS DERANGEMNT UNS LAT MENISC UNS KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SPECIFIED DISORDERS OF SYNOVIUM RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SYNOVITIS & TENOSYNOVITIS RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	13		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PAIN IN UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PATELLOFEMORAL DISORDERS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPH TEAR LAT MENISC CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPH TEAR LAT MENISC CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	6		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	PEDIATRICS	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	30		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PEDIATRICS	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	35		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT UNS KNEE SUBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN MED COLLATERAL LIGAMENT LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN UNS CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN UNS CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	UNS TEAR UNS MENISCUS CURR INJ LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	UNS TEAR UNS MENISCUS CURR INJ LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	UNSPECIFIED DISLOCATION RT KNEE INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	SPRAIN POST CRUCIATE LIGAMENT RT KNEE INIT ENC	INTERNAL MEDICINE	Approved	1		0		0

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Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes art hroscopy)	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY BICEPS TENODESIS	BICIPITAL TENDINITIS, LEFT SHOULDER	Facility	Approved	1		0		0
ARTHROSCOPY OF JOINT	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	BICIPITAL TENDINITIS LEFT SHOULDER	OTHER	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY OF JOINT	FX RT SHLDR GIRDL PRT UNS INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	GANGLION, RIGHT WRIST	Ancillary	Approved	1		0		0
ARTHROSCOPY OF JOINT	LESION OF ULNAR NERVE, LEFT UPPER LIMB	Facility	Approved	1		0		0
ARTHROSCOPY OF JOINT	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Facility	Approved	1		0		0
ARTHROSCOPY OF JOINT	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY OF JOINT	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	3		0		0
ARTHROSCOPY OF JOINT	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY OF JOINT	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
ARTHROSCOPY OF JOINT	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
ARTHROSCOPY OF JOINT	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	PAIN IN LEFT HIP	Facility	Approved	1		0		0
ARTHROSCOPY OF JOINT	PAIN IN LEFT HIP	Facility	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	TROCHANTERIC BURSITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, surgical; with labral repair	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	TROCHANTERIC BURSITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	LOOSE BODY IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with synovectomy	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with synovectomy	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with synovectomy	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with synovectomy	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	DERANG ANT HORN MED MENISC OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	DISPLACED OC FX LT PATELLA INITIAL ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	NONDISPLACED OC FX LT PATELLA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OSTEOCHONDritis DISSECANS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER DISORDERS OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER SPECIFIED METABOLIC DISORDERS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN LEFT KNEE	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN UNSPECIFIED SHOULDER	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT SUBSQT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PLICA SYNDROME RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	SPRAIN LAT COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	TRANSIENT SYNOVITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE	Chondromalacia patellae, left knee	Gastroenterology		0		0	Approved	1
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	9		0		0

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Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	DERANG OTH LAT MENISC D/T OLD TEAR/INJ RT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OSTEOCHONDritis DISSECANS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OSTEOCHONDritis DISSECANS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OSTEOCHONDritis DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH MENISCUS DERANGEMENTS OTH MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER SYNOVITIS & TENOSYNOVITIS RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PAIN IN UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PAIN IN UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PATELLOFEMORAL DISORDERS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	RECURRENT DISLOCATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQ ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	TEAR ARTICULAR CARTILAGE RT KNEE CURR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	VILLONODULAR SYNOVITIS PIGMENTED LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	BUCKET-HANDLE TEAR LAT MENSCUS CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	5		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	14		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE RIGHT KNEE	GENERAL PRACTICE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	14		0		0

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Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	3		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	DISORDER OF CARTILAGE UNSPECIFIED	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	JUVENILE OSTEOCHONDROSIS TIBIA & FIBULA LEFT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	NONDISPLACED OC FX LT PATELLA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OSTEOCHONDritis DISSECANS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OSTEOCHONDritis DISSECANS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OSTEOPHYTE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH MENISCUS DERANG POST HORN MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH SPONTANEOUS DISRUPTION UNS LIGAMENT LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER CHONDROCALCINOSIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER SPECIFIED METABOLIC DISORDERS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER SYNOVITIS & TENOSYNOVITIS RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PAIN IN UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PERIPH TEAR LAT MENISC CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PLICA SYNDROME RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	TEAR ARTICULAR CARTILAGE RT KNEE CURR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	TRANSIENT SYNOVITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	TRANSIENT SYNOVITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	14		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	VILLONODULAR SYNOVITIS PIGMENTED LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for infection, lavage and drainage	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for infection, lavage and drainage	INF & INFLAM REACT INTRLT LT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for infection, lavage and drainage	INF & INFLAM REACT INTRLT LT KNEE PROSTH SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	19		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	VILLONODULAR SYNOVITIS PIGMENTED LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE SBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	RECURRENT SUBLUXATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CONTRACTURE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	GANGLION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	JUVENILE OSTEOCHONDROSIS TIBIA & FIBULA LEFT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTHER CHONDROCALCINOSIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTHER DISORDERS OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	SPONTANEOUS RUPTURE OTHER TENDONS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNS FRACTURE LEFT PATELLA INITIAL ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	SPORTS MEDICINE	Approved	1		0		0

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Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	ANKYLOSIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	BUCKET-HANDLE TEAR LAT MENSUS CURR LT KNEE INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	DERANG OTH LAT MENISC D/T OLD TEAR/INJ RT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OSTEOCHONDRITIS DISSECANS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OSTEOPHYTE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH MENISCUS DERANG ANT HORN MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SPECIFIED DISORDERS OF SYNOVIUM RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SYNOVITIS & TENOSYNOVITIS RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PLICA SYNDROME RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	TRANSIENT SYNOVITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	TRANSIENT SYNOVITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	VILLONODULAR SYNOVITIS PIGMENTED LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	VILLONODULAR SYNOVITIS PIGMENTED LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	ANKYLOSIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	ANKYLOSIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	ANKYLOSIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	3		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	FIBROS INTRL ORTHO PROSTH DEVC IMPL GFT SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Fibrosis due to other internal prosthetic devices, implants and grafts, subsequent encounter	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	SPONTANEOUS RUPTURE OTHER TENDONS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	PERIPHERAL TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	Emergency Medicine		0		0	Approved	1
Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;osteochondral allograft (eg, mosaicplasty)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical;osteochondral allograft (eg, mosaicplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;osteochondral allograft (eg, mosaicplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;osteochondral allograft (eg, mosaicplasty)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;osteochondral allograft (eg, mosaicplasty)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with lateral release	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with lateral release	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	Fibrosis due to other internal prosthetic devices, implants and grafts, subsequent encounter	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with lateral release	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with lateral release	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	OTHER INSTABILITY RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with lateral release	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	PATELLOFEMORAL DISORDERS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	RECURRENT SUBLUXATION PATELLA UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE RIGHT KNEE	GENERAL PRACTICE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	DISORDER OF CARTILAGE UNSPECIFIED	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	EFFUSION RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	GANGLION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	22		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	24		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER DISORDERS OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER INSTABILITY RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER SYNOVITIS & TENOSYNOVITIS RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PERIPH TEAR LAT MENISC CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PERIPH TEAR LAT MENISC CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQ ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	TRANSIENT SYNOVITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNS FRACTURE LEFT PATELLA INITIAL ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	VILLONODULAR SYNOVITIS PIGMENTED RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	ANKYLOSIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR LAT MENSUS CURR LT KNEE INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR LAT MENSUS CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SPORTS MEDICINE	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	14		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	14		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	39		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	7		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	36		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CYSTIC MENISCUS UNSPECIFIED MENISCUS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CYSTIC MENISCUS UNSPECIFIED MENISCUS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANG ANT HORN MED MENISC OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANG OTH LAT MENISC D/T OLD TEAR/INJ RT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANGEMENT UNS MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANGEMNT UNS MED MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DISPL FX MED CONDYLE LT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN KNEE LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN KNEE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OSTEOPHYTE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANG ANT HORN MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANG ANT HORN MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANG POST HORN LAT MENISC RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANG POST HORN MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANG POST HORN MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMENTS OTH MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SPORTS MEDICINE	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	7		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	51		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	13	Services are not medically necessary	13		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	46		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SEQUELA	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER CHONDROCALCINOSIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER DISORDERS OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER DISORDERS OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SYNOVITIS & TENOSYNOVITIS RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	15		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPH TEAR LAT MENISC CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPH TEAR LAT MENISC CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPH TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-HAND	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PLICA SYNDROME RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PREPATELLAR BURSTITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN UNS CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	TRANSIENT SYNOVITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	TRANSIENT SYNOVITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	14	Services are not medically necessary	14		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	18		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS FRACTURE LEFT PATELLA INITIAL ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNSPECIFIED DISLOCATION RT KNEE INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	VALGUS DEFORMITY NEC RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	VILLONODULAR SYNOVITIS PIGMENTED LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	GANGLION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	UNS FRACTURE LEFT PATELLA INITIAL ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR LAT MENSUS CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	INTERNAL MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	DERANG ANT HORN MED MENISC OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	DERANGEMENT UNS MENISCUS OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	DISPL BICONDYLAR FX RT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	JUVENILE OSTEOCHONDROSIS TIBIA & FIBULA LEFT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	LOOSE BODY IN KNEE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH MENISCUS DERANGEMENTS OTH MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH MENISCUS DERANGEMNT UNS LAT MENISC UNS KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	20		0		0

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Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	20		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER ARTICULAR CARTILAGE DISORDERS UNS SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER DISORDERS OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PAIN IN UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PERIPH TEAR LAT MENISC CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PERIPH TEAR LAT MENISC CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	PEDIATRICS	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PEDIATRICS	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN UNS CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	UNS FRACTURE LEFT PATELLA INITIAL ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	DISLOCATION LT AC JOINT >200% DISPLACEMENT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	FX LT SHLDR GIRDL PRT UNS INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT SHOULDER	ANESTHESIOLOGY	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN UNSPECIFIED SHOULDER	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	1		0		0

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Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	STRN UNS M&T SHLDR UP ARM LEVEL LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; biceps tenodesis	DISORDER OF LIGAMENT LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-HAND	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	LAC MUSC FASC & TEND LNG HD BICPS LT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTH DSPLCD FX UPPER END LT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTH DSPLCD FX UPPER END RT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER ARTICULAR CARTILAGE DISORDERS LT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER SPEC ACQUIRED DEFORMITIES UNSPECIFIED LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SPONTANEOUS RUPTURE OF OTHER TENDONS RT UP ARM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	STRAIN M&T LNG HD BICEPS UNS ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS INJURY RT SHOULDER UPPER ARM SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR DISLOCATION LT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR SUBLUXATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	DISORDER OF LIGAMENT LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	FX RT SHLDR GIRDL PRT UNS INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	2		0		0

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Arthroscopy, shoulder, surgical; capsulorrhaphy	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	LOOSE BODY IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTH DSPLCD FX UPPER END LT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	POSTERIOR DISLOCATION LT HUMERUS INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	POSTERIOR SUBLUXATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	POSTERIOR SUBLUXATION RT HUMERUS INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	POSTERIOR SUBLUXATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	STRN UNS M&T SHLDR UP ARM LEVL LT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	STRN UNS M&T SHLDR UP ARM LEVL LT ARM SUB ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	ANTERIOR DISLOCATION LT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	ANTERIOR SUBLUXATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0

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Arthroscopy, shoulder, surgical; debridement, extensive	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	CONTRACTURE RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	LAC MUSC FASC & TEND LNG HD BICPLS LT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	LOOSE BODY IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER INSTABILITY LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER SPEC ACQUIRED DEFORMITIES UNSPECIFIED LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	POSTERIOR SUBLUXATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0

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Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPONTANEOUS RUPTURE OF OTHER TENDONS RT UP ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPRAIN UNS CORACOHUMERAL LIGAMENT SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; debridement, limited	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, limited	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; debridement, limited	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; debridement, limited	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; debridement, limited	DISORDER OF LIGAMENT LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; debridement, limited	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, limited	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, limited	INCMPLE RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, limited	INCMPLE ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, limited	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, limited	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	POSTERIOR SUBLUXATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	POSTERIOR SUBLUXATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, limited	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; debridement, limited	SPONTANEOUS RUPTURE OF OTHER TENDONS LEFT UP ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0

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Arthroscopy, shoulder, surgical; debridement, limited	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	5		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	27		0		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	28		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	9	Services are not medically necessary	9		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	CONTRACTURE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	CONTRACTURE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	CONTRACTURE RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	DISORDER OF LIGAMENT LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-HAND	Approved	1		0		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	14		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	13		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	LAC MUSC & TEND ROTATOR CUFF LT SHLDR SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OSTEOPHYTE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTH INJ MUSC & TEND ROTAT CUFF RT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTH INJURY MUSC TEND ROTAT CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER ARTICULAR CARTILAGE DISORDERS LT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SPEC ACQUIRED DEFORMITIES UNSPECIFIED LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	POSTERIOR SUBLUXATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	16		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEdic SURGERY	Approved	4		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEdic SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	31		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	5	Services are not medically necessary	5		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	ORTHOPEdic SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SECONDARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPONTANEOUS RUPTURE OF OTHER TENDONS LEFT UP ARM	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPONTANEOUS RUPTURE OF OTHER TENDONS RT UP ARM	SURGERY-ORTHOPEdic	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ORTHOPEdic SURGERY	Approved	1		0		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN M&T LNG HD BICEPS UNS ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS INJURY RT SHOULDER UPPER ARM SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	OTHER	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNSPECIFIED SUBLUXATION RT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	CONTRACTURE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	CONTRACTURE RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	DISORDER OF LIGAMENT LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-HAND	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	OSTEOPHYTE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	OTHER ARTICULAR CARTILAGE DISORDERS LT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	17		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	33		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SECONDARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SPONTANEOUS RUPTURE OF OTHER TENDONS RT UP ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SPRAIN RT ACROMIOCLAVICULAR JOINT SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SPRAIN UNS CORACOHUMERAL LIGAMENT SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	STRAIN M&T LNG HD BICEPS UNS ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	UNS INJURY RT SHOULDER UPPER ARM SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	OTHER	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	ANTERIOR SUBLUXATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	DISORDER OF LIGAMENT LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, shoulder, surgical; repair of SLAP lesion	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	OSTEOPHYTE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	OTH DSPLCD FX UPPER END LT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	POSTERIOR SUBLUXATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	POSTERIOR SUBLUXATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	STRN MUSC FASC TEND LNG HD BICPS RT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; synovectomy, complete	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; synovectomy, complete	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, complete	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	OTHER	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, partial	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; synovectomy, partial	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; synovectomy, partial	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; synovectomy, partial	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	CONTRACTURE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	CONTRACTURE OF MUSCLE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	OSTEOPHYTE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	OTHER SPEC ACQUIRED DEFORMITIES UNSPECIFIED LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	LOOSE BODY IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	LOOSE BODY IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	UNSL ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	28		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	5		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	37		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	8	Services are not medically necessary	8		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	CONTRACTURE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	CONTRACTURE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-HAND	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	14		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	14		0		0

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Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPLE ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	LAC MUSC & TEND ROTATOR CUFF LT SHLDR SUBSQ ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	LAC MUSC FASC & TEND LNG HD BICPS LT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	LOOSE BODY IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTH INJ MUSC & TEND ROTAT CUFF RT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTH INJURY MUSC TEND ROTAT CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER ARTICULAR CARTILAGE DISORDERS LT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER SPEC ACQUIRED DEFORMITIES UNSPECIFIED LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	POSTERIOR SUBLUXATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	13		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	28		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SECONDARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPONTANEOUS RUPTURE OF OTHER TENDONS RT UP ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0

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Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN UNS M&T SHLDR UP ARM LEVEL LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	OTHER	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNSPECIFIED SUBLUXATION RT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthrotomy with meniscus repair, knee	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy with meniscus repair, knee	DISPL BICONDYLAR FX RT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthrotomy with meniscus repair, knee	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy with meniscus repair, knee	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	ASSAULT BY UNS FIREARM DISCHARGE INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	INF & INFLAM REACT INTRL RT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0

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Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	LOOSE BODY IN KNEE RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	INF & INFLAM REACT UNS INTRL JNT PROSTH SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTIFICIAL LARYNX	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Approved	1		0		0
ASACOL HD DR 800 MG TABLET	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	1		0		0
ASACOL HD DR 800 MG TABLET	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
ASACOL HD DR 800 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ASACOL HD DR 800 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
AS-AORT GRF F/AORTIC DSJ	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	Other	Approved	1		0		0
ASCENDING AORTIC GRAFT	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Approved	1		0		0
ASCENDING AORTIC GRAFT	I35.0 - Nonrheumatic aortic (valve) stenosis	Cardiac Surgery	Approved	1		0		0
ASCENDING AORTIC GRAFT	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0
ASCENDING AORTIC GRAFT	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Other	Approved	2		0		0
ASCENDING AORTIC GRAFT	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	Facility	Approved	2		0		0
ASCENDING AORTIC GRAFT	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	Other	Approved	3		0		0
ASCOMP WITH CODEINE CAPSULE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Allergy/Immunology	Approved	1		0		0
ASHN		Dermatology		0		0	Denied	1
ASHN		Emergency Medicine		0		0	Approved	1
ASHN		Emergency Medicine		0		0	Denied	1
ASHN		Pain Management		0		0	Denied	1
ASHN		Physical Medicine		0		0	Approved	1
ASHN		Surgery, Oral And Maxillofacial		0		0	Approved	1
ASHN	CERVICALGIA	Psychiatry		0		0	Approved	1
ASHN	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Dermatology		0		0	Approved	1
ASHN	Lateral subluxation of left patella, subsequent encounter	Physical Therapy		0		0	Approved	1
ASHN	Low back pain	Emergency Medicine		0		0	Approved	1
ASHN	Medial epicondylitis, right elbow	Emergency Medicine		0		0	Denied	1
ashn	Metatarsalgia, left foot	Ancillary		0		0	Approved	1
ASHN	Neuralgic amyotrophy	Ancillary		0		0	Approved	1
ashn	Pain in left leg	Physical Therapy		0		0	Denied	1
ASHN	Pain in left shoulder	Ancillary		0		0	Denied	1
ashn	PAIN IN LEFT SHOULDER	Pediatrics		0		0	Denied	1
ASHN	Sciatica, right side	Emergency Medicine		0		0	Denied	1
ASHN	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Nurse Practitioner		0		0	Denied	1
ASMANEX HFA 100 MCG INHALER	MILD INTERMITTENT ASTHMA	Pediatric Pulmonology	Approved	1		0		0
ASMANEX HFA 100 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
ASMANEX HFA 100 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ASMANEX HFA 100 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
ASMANEX HFA 100 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
ASMANEX HFA 200 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
ASMANEX HFA 200 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ASMANEX TWISTHALER 110 MCG #30	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
ASMANEX TWISTHALER 220 MCG #14	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0

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ASMANEX TWISTHALER 220 MCG #30	MILD INTERMITTENT ASTHMA WITH STATUS ASTHMATICUS	Family Medicine	Approved	1		0		0
ASMANEX TWISTHALER 220 MCG #30	MODERATE PERSISTENT ASTHMA	Nurse Practitioner	Approved	1		0		0
ASMANEX TWISTHALER 220 MCG #30	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
ASMANEX TWISTHALER 220 MCG #30	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ASMANEX TWISTHALER 220 MCG #60	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
ASMANEX TWISTHALER 220 MCG #60	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	1		0		0
ASMANEX TWISTHALR 220 MCG #120	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ASSAY IGA/IGD/IGG/IGM EACH	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
ASTAGRAF XL 1 MG CAPSULE	LUNG TRANSPLANT STATUS	Pulmonary Disease	Approved	1		0		0
ASXL1 FULL GENE SEQUENCE	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
ATACAND HCT 16-12.5 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATAZANAVIR SULFATE 300 MG CAP	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	2		0		0
ATAZANAVIR SULFATE 300 MG CAP	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Denied	1	Services are not medically necessary	1		0
ATIVAN 1 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOMOXETINE HCL 40 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100		Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	CONTACT W AND EXPOSURE TO OTH COMMUNICABLE DISEASES	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	CONTACT W AND EXPOSURE TO UNSP COMMUNICABLE DISEASE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCNTR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATE	Family Medicine	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	ENCNTR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCNTR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	Internal Medicine	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR IMMUNIZATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Family Medicine	Denied	11	Services are not medically necessary	11		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Internal Medicine	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Family Medicine	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Internal Medicine	Denied	3	Services are not medically necessary	3		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Pediatric Infectious Disease	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Pediatrics	Denied	2	Services are not medically necessary	2		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Radiation Oncology	Denied	1	Services are not medically necessary	1		0

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ATOVAQUONE-PROGUANIL 250-100	FEAR OF FLYING	Physician Assistant	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER GENERAL SYMPTOMS AND SIGNS	General Practice	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER LONG TERM (CURRENT) DRUG THERAPY	Family Medicine	Denied	2	Services are not medically necessary	2		0
ATOVAQUONE-PROGUANIL 250-100	OTHER LONG TERM (CURRENT) DRUG THERAPY	Pediatrics	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER LONG TERM (CURRENT) DRUG THERAPY	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Infectious Disease	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Pediatrics	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED HEALTH STATUS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ATOVAQUONE-PROGUANIL 250-100	PERSONS ENCOUNTERING HEALTH SERVICES IN OTH CIRCUMSTANCES	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	PLASMODIUM FALCIPARUM MALARIA, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	PLASMODIUM FALCIPARUM MALARIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	UNSPECIFIED MALARIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 62.5-25	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Neurological	Denied	2	Services are not medically necessary	2		0
ATOVAQUONE-PROGUANIL 62.5-25	OTHER LONG TERM (CURRENT) DRUG THERAPY	Pediatrics	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 62.5-25	OTHER LONG TERM (CURRENT) DRUG THERAPY	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 62.5-25	OTHER SPECIFIED COUNSELING	Pediatrics	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 62.5-25	OTHER SPECIFIED HEALTH STATUS	Pediatrics	Denied	1	Services are not medically necessary	1		0
ATRIPLA TABLET		Infectious Disease	Approved	1		0		0
ATRIPLA TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Infectious Disease	Approved	3		0		0
ATRIPLA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Medicine	Approved	2		0		0
ATRIPLA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	4		0		0
ATRIPLA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Physician	Approved	1		0		0
AUBAGIO 14 MG TABLET	MULTIPLE SCLEROSIS	Family Nurse Practitioner	Approved	1		0		0
AUBAGIO 14 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	11		0		0
AUBAGIO 14 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
AUBAGIO 14 MG TABLET	MULTIPLE SCLEROSIS	Nurse Practitioner	Approved	1		0		0
AUBAGIO 14 MG TABLET	MULTIPLE SCLEROSIS	Psychiatry	Approved	2		0		0
AUDITOR EVOKE POTENT COMPRE	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
AUDITOR EVOKE POTENT COMPRE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
AUDITOR EVOKE POTENT COMPRE	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR	Facility	Approved	1		0		0
AUGMENTATION OF FACIAL BONES	NEOPLASM OF UNSP BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	Ancillary	Approved	1		0		0
AURYXIA 210 MG TABLET	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
AUSTEDO 12 MG TABLET	TOURETTE'S DISORDER	Neurology	Approved	1		0		0
AUSTEDO 6 MG TABLET	HUNTINGTON'S DISEASE	Psychiatry	Approved	1		0		0
AUTOLOGOUS BLOOD PROCESS	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	3		0		0
Autologous chondrocyte implantation, knee	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Autologous chondrocyte implantation, knee	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Autologous chondrocyte implantation, knee	TEAR ARTICULAR CARTILAGE LT KNEE CURR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
AUTOMATIC BP MONITOR, DIAL	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
AUTOMATIC EXT DEFIBRILLATOR	LONG QT SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
AUTONOMIC NERV FUNCTION TEST; ANS PARASYMP & SYMP W/TILT; PUNCH BIOPSY OF SINGLE LESION OF SKIN WI	G60.9 - Hereditary and idiopathic neuropathy, unspecified	Neurology	Approved	1		0		0

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AUTOTRANSPLANT PARATHYROID	NONTOXIC GOITER, UNSPECIFIED	Facility	Approved	1		0		0
AUTOTRANSPLANT PARATHYROID	NONTOXIC MULTINODULAR GOITER	Facility	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ALLERGY TO MILK PRODUCTS	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ALLERGY TO OTHER FOODS	Allergy/Immunology	Approved	2		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ALLERGY TO OTHER FOODS	Pediatrics	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO EGGS	Pediatric Allergy & Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO EGGS, INITIAL ENCOUNTER	Allergy/Immunology	Approved	2		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO MILK AND DAIRY PRODUCTS	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO PEANUTS, INITIAL ENCOUNTER	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO TREE NUTS AND SEEDS, INIT	Allergy/Immunology	Approved	2		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD	Pediatric Allergy & Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD, INIT ENCNT	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Allergy/Immunology	Approved	4		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Pediatric Allergy & Immunology	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Pediatrics	Approved	1		0		0
AUVI-Q 0.15 MG AUTO-INJECTOR	ALLERGY TO OTHER FOODS	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.15 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD, INIT ENCNT	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.15 MG AUTO-INJECTOR	TOXIC EFFECT OF VENOM OF ANTS, ACCIDENTAL, INIT	Pediatrics	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.3 MG AUTO-INJECTOR		Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.3 MG AUTO-INJECTOR	ALLERGY TO OTHER FOODS	Family Medicine	Approved	1		0		0
AUVI-Q 0.3 MG AUTO-INJECTOR	ALLERGY TO PEANUTS	Physician	Approved	1		0		0
AUVI-Q 0.3 MG AUTO-INJECTOR	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Family Medicine	Denied	2	Services are not medically necessary	2		0
AUVI-Q 0.3 MG AUTO-INJECTOR	OTHER ALLERGIC RHINITIS	Allergy/Immunology	Approved	1		0		0
AV FISTULA REVISION OPEN	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
AV FUSE UPPR ARM BASILIC	ACIDOSIS	Facility	Approved	1		0		0
AV FUSE UPPR ARM BASILIC	END STAGE RENAL DISEASE	Facility	Approved	3		0		0
AV FUSE UPPR ARM BASILIC	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Facility	Approved	1		0		0
AV FUSION DIRECT ANY SITE	END STAGE RENAL DISEASE	Facility	Approved	2		0		0
AV FUSION DIRECT ANY SITE	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	2		0		0
AVAR LS CLEANSER	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
AVAR LS CLEANSER	SEBORRHEIC DERMATITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
AVEED 750 MG/3 ML VIAL	TESTICULAR HYPOFUNCTION	Urology	Approved	2		0		0
AVENOVA LID-LASH SPRAY	UNSPECIFIED BLEPHARITIS RIGHT EYE, UPPER AND LOWER EYELIDS	Optometry	Denied	1	Services are not medically necessary	1		0
AVENOVA LID-LASH SPRAY	UNSPECIFIED BLEPHARITIS UNSPECIFIED EYE, UNSPECIFIED EYELID	Optometry	Denied	1	Services are not medically necessary	1		0
AVONEX PEN 30 MCG/0.5 ML KIT	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AVONEX PEN 30 MCG/0.5 ML KIT	MULTIPLE SCLEROSIS	Neurology	Approved	9		0		0
AVONEX PREFILLED SYR 30 MCG KT	MULTIPLE SCLEROSIS	Family Medicine	Approved	1		0		0
AVONEX PREFILLED SYR 30 MCG KT	MULTIPLE SCLEROSIS	Neurology	Approved	3		0		0

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AXICABTAGENE CILOLEUCEL CAR+	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	3		0		0
AZATHIOPRINE 50 MG TABLET	AUTOIMMUNE HEPATITIS	Gastroenterology	Approved	4		0		0
AZATHIOPRINE 50 MG TABLET	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Internal Medicine	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Rheumatology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	FIBROMYALGIA	Family Medicine	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	LIVER TRANSPLANT STATUS	Pediatric Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	OTHER SPECIFIED DISEASES OF LIVER	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Rheumatology	Approved	3		0		0
AZATHIOPRINE 50 MG TABLET	POSTERIOR CYCLITIS, BILATERAL	Ophthalmology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	PRIMARY BILIARY CIRRHOSIS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
AZATHIOPRINE 50 MG TABLET	SARCOIDOSIS OF LUNG	Rheumatology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	SARCOIDOSIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
AZATHIOPRINE 50 MG TABLET	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	3		0		0
AZATHIOPRINE 50 MG TABLET	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
AZATHIOPRINE 50 MG TABLET	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
AZATHIOPRINE 50 MG TABLET	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Rheumatology	Approved	1		0		0
AZELEX 20% CREAM	ACNE VULGARIS	Dermatology	Approved	2		0		0
AZELEX 20% CREAM	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
AZELEX 20% CREAM	ACNE, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
AZELEX 20% CREAM	ROSACEA	Dermatology	Denied	1	Services are not medically necessary	1		0
AZOR 10-40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	1		0		0
BALO ANGIOP CTR DIALYSIS SEG	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
BANZEL 40 MG/ML SUSPENSION	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0

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BANZEL 40 MG/ML SUSPENSION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
BANZEL 40 MG/ML SUSPENSION	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Nurse Practitioner	Approved	1		0		0
BANZEL 400 MG TABLET	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
BARACLUDE 0.5 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Gastroenterology	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN		Family Medicine	Approved	2		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Family Medicine	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	2		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Maternal And Fetal Medicine	Approved	1		0		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Family Medicine	Approved	1		0		0
BASE, PCCA LOXASPERSE POWD	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
BATTERY CHARGER	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
BAXDELA 450 MG TABLET	CELLULITIS OF ABDOMINAL WALL	Dermatology	Approved	2		0		0
BAXDELA 450 MG TABLET	CELLULITIS OF LEFT TOE	Podiatry	Denied	1	Services are not medically necessary	1		0
BAXDELA 450 MG TABLET	CELLULITIS OF RIGHT LOWER LIMB	Podiatry	Approved	2		0		0
BAXDELA 450 MG TABLET	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	Family Medicine	Approved	1		0		0
BAXDELA 450 MG TABLET	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	Physician	Approved	1		0		0
BAXDELA 450 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Family Medicine	Approved	1		0		0
BAXDELA 450 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Infectious Disease	Approved	2		0		0
BAXDELA 450 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Physician	Approved	1		0		0
BAXDELA 450 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Podiatry	Approved	4		0		0
BAXDELA 450 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Podiatry	Denied	1	Services are not medically necessary	1		0
BAXDELA 450 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Surgery, General	Approved	2		0		0
BAXDELA 450 MG TABLET	NON-PRS CHR ULC UNSP PRT OF R LOW LEG LIMITED TO BRKDNW SKIN	Internal Medicine	Approved	1		0		0
BAXDELA 450 MG TABLET	OTHER CHRONIC CYSTITIS WITH HEMATURIA	Urology	Denied	1	Services are not medically necessary	1		0
BCG LIVE INTRAVESICAL VAC	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
BCG LIVE INTRAVESICAL VAC	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	Family Medicine	Approved	1		0		0
BCG VACCINE INTRAVESICAL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	Family Medicine	Approved	1		0		0
BCR/ABL1 GENE MAJOR BP	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0

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BCR/ABL1 GENE MAJOR BP	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Facility	Approved	1		0		0
BCR/ABL1 GENE MAJOR BP	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	1		0		0
BCR/ABL1 GENE MAJOR BP	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE	Hematology	Approved	1		0		0
BCR/ABL1 GENE MAJOR BP	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
BCR/ABL1 GENE MAJOR BP	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BCR/ABL1 GENE MAJOR BP	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
BCR/ABL1 GENE MAJOR BP	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
BCR/ABL1 GENE MAJOR BP	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
BCR/ABL1 GENE MINOR BP	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Facility	Approved	1		0		0
BCR/ABL1 GENE MINOR BP	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	1		0		0
BCR/ABL1 GENE OTHER BP	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Facility	Approved	1		0		0
BECONASE AQ 0.042% SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BEHAVIOR TREATMENT MODIFIED	AUTISTIC DISORDER	Counseling	Approved	3		0		0
BEHAVIOR TREATMENT MODIFIED	AUTISTIC DISORDER	Multi-Specialty Group	Approved	1		0		0
BEHAVIOR TREATMENT MODIFIED	AUTISTIC DISORDER	Physical Therapy	Approved	3		0		0
BEHAVIORAL & QUALITATIVE ANALYSIS OF VOICE & RESONANCE; SPEECH/HEARING THERAPY	D14.1 - Benign neoplasm of larynx; R49.0 - Dysphonia	Otolaryngology	Approved	1		0		0
BEHIND EAR CROS HEARING AID	OTHER SPECIFIED HEARING LOSS, RIGHT EAR	Ancillary	Approved	1		0		0
BELBUCA 150 MCG FILM	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
BELBUCA 300 MCG FILM	CHRONIC PAIN SYNDROME	Physician Assistant	Denied	1	Services are not medically necessary	1		0
BELBUCA 300 MCG FILM	RADICULOPATHY, LUMBAR REGION	Physician	Approved	1		0		0
BELBUCA 300 MCG FILM	SPINAL STENOSIS, LUMBAR REGION	Physical Medicine	Approved	1		0		0
BELBUCA 300 MCG FILM	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
BELBUCA 450 MCG FILM	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	1		0		0
BELBUCA 600 MCG FILM	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
BELIMUMAB INJECTION	DISCOID LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
BELIMUMAB INJECTION	LEIOMYOMA OF UTERUS, UNSPECIFIED	Ancillary	Approved	1		0		0
BELIMUMAB INJECTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	Family Medicine	Approved	1		0		0
BELIMUMAB INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Ancillary	Approved	3		0		0
BELIMUMAB INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Family Medicine	Approved	2		0		0
BELIMUMAB INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Internal Medicine	Approved	1		0		0
BELIMUMAB INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	6		0		0
BELIMUMAB INJECTION	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
BELIMUMAB INJECTION	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Ancillary	Approved	1		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	1		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Ancillary	Approved	3		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Facility	Approved	4		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Internal Medicine	Approved	3		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	17		0		0
BELOW KNEE ACRYLIC SOCKET	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0

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BELOW KNEE CUSHION SOCKET	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
BELOW KNEE SUCTION SOCKET	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
BELOW KNEE SUS/SEAL SLEEVE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
BELOW KNEE SUS/SEAL SLEEVE	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
BELOW KNEE TOTAL CONTACT	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
BELSOMRA	PRIMARY INSOMNIA	Rheumatology		0		0	Denied	1
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
BELSOMRA 10 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Approved	1		0		0
BELSOMRA 10 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 10 MG TABLET	PRIMARY INSOMNIA	Internal Medicine	Approved	2		0		0
BELSOMRA 10 MG TABLET	PRIMARY INSOMNIA	Internal Medicine	Denied	2	Services are not medically necessary	2		0
BELSOMRA 10 MG TABLET	PRIMARY INSOMNIA	Physician	Approved	1		0		0
BELSOMRA 10 MG TABLET	PRIMARY INSOMNIA	Psychiatry	Denied	3	Services are not medically necessary	3		0
BELSOMRA 10 MG TABLET	PSYCHOPHYSIOLOGIC INSOMNIA	Psychiatry	Approved	1		0		0
BELSOMRA 15 MG TABLET	HYPERSONNIA, UNSPECIFIED	Psychiatry	Approved	1		0		0
BELSOMRA 15 MG TABLET	INSOMNIA	Physician	Approved	1		0		0
BELSOMRA 15 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
BELSOMRA 15 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Approved	1		0		0
BELSOMRA 15 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 15 MG TABLET	PRIMARY INSOMNIA	Physician	Approved	1		0		0
BELSOMRA 15 MG TABLET	PRIMARY INSOMNIA	Psychiatry	Denied	2	Services are not medically necessary	2		0
BELSOMRA 15 MG TABLET	PSYCHOPHYSIOLOGIC INSOMNIA	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
BELSOMRA 20 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA	Family Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	4		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Family Nurse Practitioner Primary Care	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Physician	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Psychiatry	Approved	1		0		0
BELSOMRA 20 MG TABLET	OTHER INSOMNIA	Family Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	Behavioral Nurse	Approved	1		0		0
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	Internal Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	Internal Medicine	Denied	3	Services are not medically necessary	3		0
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	Psychiatry	Approved	2		0		0
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	Psychiatry	Denied	3	Services are not medically necessary	3		0
BELSOMRA 20 MG TABLET	PSYCHOPHYSIOLOGIC INSOMNIA	Family Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	PSYCHOPHYSIOLOGIC INSOMNIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 5 MG TABLET	INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL CONDITION	Neurology	Denied	1	Services are not medically necessary	1		0
BELSOMRA 5 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 5 MG TABLET	PRIMARY INSOMNIA	Obstetrics/Gynecology	Approved	1		0		0
BELVIQ 10 MG TABLET	ABNORMAL WEIGHT GAIN	Physician	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	BODY MASS INDEX (BMI) 50.0-59.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	3	Services are not medically necessary	3		0
BELVIQ 10 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Denied	2	Services are not medically necessary	2		0
BELVIQ 10 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, General	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	OBESITY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0

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BELVIQ 10 MG TABLET	OBESITY, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	OBESITY, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	OBESITY, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	OBESITY, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	OTHER OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	ABNORMAL WEIGHT GAIN	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	ABNORMAL WEIGHT GAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	BODY MASS INDEX (BMI) 37.0-37.9, ADULT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	BODY MASS INDEX (BMI) 45.0-49.9, ADULT	Physician	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	3	Services are not medically necessary	3		0
BELVIQ XR 20 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Denied	2	Services are not medically necessary	2		0
BELVIQ XR 20 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Physician	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	OBESITY, UNSPECIFIED	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0
BELVIQ XR 20 MG TABLET	OBESITY, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
BELVIQ XR 20 MG TABLET	OBESITY, UNSPECIFIED	Physician	Denied	2	Services are not medically necessary	2		0
BELVIQ XR 20 MG TABLET	OTHER OBESITY DUE TO EXCESS CALORIES	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	OTHER OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	OVERWEIGHT	Family Medicine	Denied	1	Services are not medically necessary	1		0
BENEFIX 3,000 UNIT RANGE	HEREDITARY FACTOR VIII DEFICIENCY	Hematology	Approved	1		0		0
BENICAR 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Pediatrics	Denied	1	Services are not medically necessary	1		0
BENICAR HCT 20-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
BENICAR HCT 20-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
BENICAR HCT 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	2	Services are not medically necessary	2		0
BENICAR HCT 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
Benign Indications	Hypertrophic scar	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
BENLYSTA	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Internal Medicine		0		0	Approved	1
BENLYSTA 120 MG VIAL	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML AUTOINJECT		Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML AUTOINJECT		Rheumatology	Denied	1	Services are not medically necessary	1		0
BENLYSTA 200 MG/ML AUTOINJECT	INFECTIVE MYOSITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML AUTOINJECT	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	4		0		0
BENLYSTA 200 MG/ML AUTOINJECT	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS	Nurse Practitioner	Approved	1		0		0
BENLYSTA 200 MG/ML AUTOINJECT	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Denied	1	Services are not medically necessary	1		0
BENLYSTA 200 MG/ML AUTOINJECT	OTHER LOCAL LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML AUTOINJECT	OTHER LOCAL LUPUS ERYTHEMATOSUS	Rheumatology	Denied	1	Services are not medically necessary	1		0
BENLYSTA 200 MG/ML AUTOINJECT	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Pediatric Rheumatology	Denied	1	Services are not medically necessary	1		0
BENLYSTA 200 MG/ML AUTOINJECT	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	3		0		0
BENLYSTA 200 MG/ML AUTOINJECT	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Denied	1	Services are not medically necessary	1		0
BENLYSTA 200 MG/ML AUTOINJECT	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	3		0		0

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BENLYSTA 200 MG/ML SYRINGE	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Denied	1	Services are not medically necessary	1		0
BENLYSTA 200 MG/ML SYRINGE	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML SYRINGE	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML SYRINGE	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Pediatric Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML SYRINGE	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	3		0		0
BENLYSTA 200 MG/ML SYRINGE	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
BENZAACLIN GEL 35G PUMP	OTHER ATOPIC DERMATITIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
BENZONATATE 150 MG CAPSULE		Family Medicine	Denied	1	Services are not medically necessary	1		0
BENZOYL PEROXIDE 10% WASH	ACNE VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
BEPREVE	UNSPECIFIED ACUTE CONJUNCTIVITIS, BILATERAL	Pain Management		0		0	Approved	1
BEPREVE 1.5% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
BEPREVE 1.5% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Internal Medicine	Approved	1		0		0
BEPREVE 1.5% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Approved	1		0		0
BEPREVE 1.5% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Denied	2	Services are not medically necessary	2		0
BEPREVE 1.5% EYE DROPS	SQUAMOUS BLEPHARITIS RIGHT UPPER EYELID	Ophthalmology	Denied	1	Services are not medically necessary	1		0
BEPREVE 1.5% EYE DROPS	UNSPECIFIED ACUTE CONJUNCTIVITIS, BILATERAL	Optometry	Denied	1	Services are not medically necessary	1		0
BEPREVE 1.5% EYE DROPS	UNSPECIFIED CHRONIC CONJUNCTIVITIS, BILATERAL	Optometry	Denied	1	Services are not medically necessary	1		0
BETA-2 GLYCOPROTEIN I AB, G,A,M; ANTITHROMBIN ACTIVITY; PROTEIN S PANEL; PROTEIN C DEFICIENCY PROF	R76.0 - Anticardiolipin antibody positive	Hematology/Oncology	Approved	1		0		0
BETAMETHASONE DP AUG 0.05% OIN	DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
BETASERON 0.3 MG VIAL	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
BETHKIS 300 MG/4 ML AMPULE	PNEUMONIA DUE TO PSEUDOMONAS	Infectious Disease	Denied	1	Services are not medically necessary	1		0
BEVACIZUMAB INJECTION	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	ACUTE PULMONARY EDEMA	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CELLULITIS OF RIGHT LOWER LIMB	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	Family Medicine	Approved	3		0		0
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	4		0		0
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, W RTNL NEOVAS	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, STABLE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CENTRAL SEROUS CHORIORETINOPATHY, LEFT EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CENTRAL SEROUS CHORIORETINOPATHY, RIGHT EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP CEREBRAL ARTERY	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CHEST PAIN, UNSPECIFIED	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CUTANEOUS ABSCESS, UNSPECIFIED	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	DEPENDENCE ON RENAL DIALYSIS	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	DORSALGIA, UNSPECIFIED	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	ENCOUNTER FOR EXAM OF BLOOD PRESSURE W/O ABNORMAL FINDINGS	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	END STAGE RENAL DISEASE	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	END STAGE RENAL DISEASE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	4		0		0

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BEVACIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	11		0		0
BEVACIZUMAB INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	4		0		0
BEVACIZUMAB INJECTION	EXUDATIVE AGE-RELATED MCLR DEGN, LEFT EYE, STAGE UNSPECIFIED	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	EXUDATIVE AGE-RELATED MCLR DEGN, LEFT EYE, STAGE UNSPECIFIED	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	GLAUCOMA SECONDARY TO OTH EYE DISORD, R EYE, SEVERE STAGE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	3		0		0
BEVACIZUMAB INJECTION	HEREDITARY HEMORRHAGIC TELANGIECTASIA	Facility	Approved	1		0		0
BEVACIZUMAB INJECTION	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	HYPERTENSIVE RETINOPATHY, RIGHT EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	HYPOTENSION, UNSPECIFIED	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	HYPOXEMIA	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	IDIOPATHIC HYPOTENSION	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Family Medicine	Approved	5		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	2		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Facility	Approved	1		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Facility	Approved	1		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	Oncology	Approved	2		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF SIGMOID COLON	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Family Medicine	Approved	2		0		0
BEVACIZUMAB INJECTION	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	OTHER SPECIFIED DISORDERS OF BRAIN	Facility	Approved	1		0		0
BEVACIZUMAB INJECTION	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Family Medicine	Approved	2		0		0
BEVACIZUMAB INJECTION	PRESENCE OF UROGENITAL IMPLANTS	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	RADIATION SICKNESS, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
BEVACIZUMAB INJECTION	RADIATION SICKNESS, UNSPECIFIED, INITIAL ENCOUNTER	Oncology	Approved	1		0		0
BEVACIZUMAB INJECTION	RETINAL DETACHMENT WITH GIANT RETINAL TEAR, RIGHT EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	RETINAL EDEMA	Ophthalmology	Approved	4		0		0
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, BILATERAL	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	Ophthalmology	Approved	7		0		0
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, UNSPECIFIED EYE	Ophthalmology	Approved	4		0		0
BEVACIZUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	Family Medicine	Approved	3		0		0
BEVACIZUMAB INJECTION	SEROUS DETACHMENT OF RETINAL PIGMENT EPITHELIUM, RIGHT EYE	Ophthalmology	Approved	1		0		0

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BEVACIZUMAB INJECTION	SHORTNESS OF BREATH	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TRACTION DETACHMENT OF RETINA, LEFT EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, W RTNL NEOVAS	Ophthalmology	Approved	3		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	4		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, W RTNL NEOVAS	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Family Medicine	Approved	3		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	5		0		0
BEVACIZUMAB INJECTION	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, STABLE	Cardiovascular Disease	Approved	1		0		0
BEVACIZUMAB INJECTION	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, STABLE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB W PROLIF DIAB RTNOP WITH TRCTN DTCH N-MCLA, BI	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	3		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Family Medicine	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB W PROLIF DIAB RTNOP W TRCTN DTCH N-MCLA, L EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB W PROLIF DIAB RTNOP WITH TRCTN DTCH MACULA, BI	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB W PROLIF DIAB RTNOP WITH TRCTN DTCH N-MCLA, BI	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH DIAB MACULAR EDEMA, RESOLVED FOL TRTMT, BI	OPHTHALMOLOGY	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITHOUT MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITHOUT MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	10		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Cardiovascular Disease	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Family Medicine	Approved	3		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	22		0		0

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BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Nurse Practitioner	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	7		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	19		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Ophthalmology	Approved	10		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	Ophthalmology	Approved	6		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, R EYE	Ophthalmology	Approved	4		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	9		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	10		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	4		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	Family Medicine	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	Family Medicine	Approved	4		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RTNOP W/O MACULAR EDEMA	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIABETES WITH MILD NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	3		0		0
BEVACIZUMAB INJECTION	VITREOMACULAR ADHESION, RIGHT EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	VITREOUS HEMORRHAGE, BILATERAL	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	VITREOUS HEMORRHAGE, LEFT EYE	Ophthalmology	Approved	3		0		0
BEVESPI AEROSPHERE INHALER	ACUTE BRONCHITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BEVESPI AEROSPHERE INHALER	ACUTE BRONCHITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BEVESPI AEROSPHERE INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
BEVESPI AEROSPHERE INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
BEVESPI AEROSPHERE INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Physician	Approved	1		0		0
BEVESPI AEROSPHERE INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Physician Assistant	Approved	1		0		0
BEVESPI AEROSPHERE INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
BEVESPI AEROSPHERE INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BEXAROTENE 75 MG CAPSULE	CUTANEOUS T-CELL LYMPHOMA, UNSP, INTRA-ABDOMINAL LYMPH NODES	Dermatology	Approved	1		0		0
BEXSERO PREFILLED SYRINGE		Family Medicine	Denied	1	Services are not medically necessary	1		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Ancillary	Approved	9		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Counseling	Approved	22		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Multi-Specialty Group	Approved	6		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Occupational Therapy	Approved	2		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Psychology	Approved	3		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Social Work	Approved	1		0		0
BHV ID SUPRT ASSMT EA 15 MIN	AUTISTIC DISORDER	Counseling	Approved	4		0		0
BICALUTAMIDE 50 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	2		0		0

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BICALUTAMIDE 50 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0
BICALUTAMIDE 50 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Radiation Oncology	Approved	3		0		0
BICALUTAMIDE 50 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	2		0		0
BICALUTAMIDE 50 MG TABLET	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Hematology	Denied	1	Services are not medically necessary	1		0
BICALUTAMIDE 50 MG TABLET	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Internal Medicine	Approved	1		0		0
BIJUVA 1 MG-100 MG CAPSULE	HORMONE REPLACEMENT THERAPY	Obstetrics/Gynecology	Approved	1		0		0
BIKTARVY 50-200-25 MG TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Infectious Disease	Approved	4		0		0
BIKTARVY 50-200-25 MG TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Internal Medicine	Approved	1		0		0
BIKTARVY 50-200-25 MG TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Nurse Practitioner	Approved	1		0		0
BIKTARVY 50-200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Medicine	Approved	2		0		0
BIKTARVY 50-200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	27		0		0
BIKTARVY 50-200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
BIKTARVY 50-200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Nurse Practitioner	Approved	1		0		0
BIKTARVY 50-200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Physician	Approved	2		0		0
BIKTARVY 50-200-25 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Infectious Disease	Approved	1		0		0
BIMATOPROST 0.03% EYELASH SOLN	MADAROSIS OF LEFT LOWER EYELID AND PERIOCLAR AREA	Optometry	Denied	1	Services are not medically necessary	1		0
BIMATOPROST 0.03% EYELASH SOLN	MADAROSIS OF UNSP EYE, UNSP EYELID AND PERIOCLAR AREA	Oncology	Denied	1	Services are not medically necessary	1		0
BIMATOPROST 0.03% EYELASH SOLN	MADAROSIS OF UNSP EYE, UNSP EYELID AND PERIOCLAR AREA	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
BIOFEEDBACK PERI/URO/RECTAL	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM	Facility	Approved	3		0		0
BIOIMPEDANCE SPECTROSCOPY (BIS), EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)	Malignant neoplasm of lower-inner quadrant of left female breast	Neurology		0		0	Denied	1
BIOPSY ABDOMINAL MASS	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Facility	Approved	1		0		0
BIOPSY ABDOMINAL MASS	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
BIOPSY OF HEART LINING	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
BIOPSY OF HEART LINING	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	1		0		0
BIOPSY OF HEART LINING	ENCOUNTER FOR AFTERCARE FOLLOWING HEART TRANSPLANT	Facility	Approved	1		0		0
BIOPSY OF HEART LINING	HEART TRANSPLANT STATUS	Facility	Approved	6		0		0
BIOPSY OF HEART LINING	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Facility	Approved	1		0		0
BIOPSY OF PROSTATE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Ancillary	Approved	6		0		0
BIOPSY OF PROSTATE	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
BIOPSY OF PROSTATE	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	5		0		0
BIOPSY OF PROSTATE	NODULAR PROSTATE WITHOUT LOWER URINARY TRACT SYMPTOMS	Ancillary	Approved	1		0		0
BIOPSY OF PROSTATE	POSTPROC HEMATOMA OF SKIN, SUBCU FOLLOWING OTHER PROCEDURE	Ancillary	Approved	1		0		0
BIOPSY OF PROSTATE	RIGHT LOWER QUADRANT PAIN	Ancillary	Approved	1		0		0
BIOPSY OF SOFT TISSUES	BENIGN NEOPLASM OF PARATHYROID GLAND	Facility	Approved	1		0		0
BIOPSY OF SOFT TISSUES	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	Facility	Denied	1	Services are not medically necessary	1		0
BIOPSY OF SOFT TISSUES; CT GUIDANCE FOR NEEDLE PLACEMENT; CT ANGIO UPR EXTRM W/O&W/DYE; FINE NEEDL	M75.121 - Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic; M75.41 - Impingement syndrome of right shoulder; R22.9 - Localized swelling, mass and lump, unspecified	Orthopedic Surgery-Sports Medicine	Approved	1		0		0

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BIOPSY OF TESTIS	OTH CONGEN MALFORM OF VAS DEF,EPIDID, SEMNL VESCL & PROSTATE	Ancillary	Approved	1		0		0
BIOPSY OF TESTIS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
BIOPSY OF UPPER NOSE/THROAT	OTHER DISEASES OF PHARYNX	Ancillary	Approved	1		0		0
BIOPSY OF UTERUS LINING	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
Biopsy, soft tissue of pelvis and hip area; superficial	CUTANEOUS ABSCESS OF BUTTOCK	SURGERY-PEDIATRIC	Approved	1		0		0
Biopsy, soft tissue of pelvis and hip area; superficial	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY	Approved	1		0		0
Biopsy, soft tissue of shoulder area;deep	OTHER SPECIFIED JOINT DISORDERS LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Biopsy, soft tissue of thigh or knee area; superficial	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Biopsy, soft tissue of thigh or knee area; superficial	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Biopsy, soft tissue of thigh or knee area; superficial	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ORTHOPEdic SURGERY	Approved	1		0		0
Biopsy, soft tissue of thigh or knee area; superficial	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)	INF & INFLAM REACT UNS INTRL JNT PROSTH SUB ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	SURGERY-ORTHOPEdic	Approved	1		0		0
Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)	OTHER SPECIFIED POLYNEUROPATHIES	SURGERY-NEUROLOGY	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Ancillary	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	GENERALIZED ENLARGED LYMPH NODES	Ancillary	Approved	2		0		0
BIOPSY/REMOVAL LYMPH NODES	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Surgery, General	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	LOCALIZED ENLARGED LYMPH NODES	Ancillary	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB	Facility	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES MULT SITE	Ancillary	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
BIOPSY/REMOVAL LYMPH NODES	RELAPSING FEVER, UNSPECIFIED	Facility	Approved	1		0		0
BIOPSY/REMOVAL, LYMPH NODES	R59.0 - Localized enlarged lymph nodes	Ent-Otolaryngology	Approved	1		0		0
BIOPSY/REMOVAL, LYMPH NODES	R59.1 - Generalized enlarged lymph nodes	General Surgery	Approved	1		0		0
BIS XTRACELL FLUID ANALYSIS	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Surgery, General	Denied	1	Services are not medically necessary	1		0
BK FLEX INNER SOCKET EXT FRA	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
BK MOLD SOCKET SACH FT ENDO	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
BK MOLD SOCKET SACH FT ENDO	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
BK MOLD SOCKET SACH FT ENDO	COMPLETE TRAUMATIC AMPUTATION OF R LOW LEG, LEVEL UNSP, INIT	Ancillary	Approved	1		0		0
BK MOLD SOCKET SACH FT ENDO	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	1		0		0

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BK MOLD SOCKET SACH FT ENDO; BELOW KNEE TOTAL CONTACT; BELOW KNEE SUS/SEAL SLEEVE; ENDO BELOW KNEE	E11.610 - Type 2 diabetes mellitus with diabetic neuropathic arthropathy; Z89.512 - Acquired absence of left leg below knee	Adult Reconstructive Orthopedic Surgery	Approved	1		0		0
BKBENCH PREP OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANT	H11.9 - Unspecified disorder of conjunctiva	Ophthalmology	Approved	1		0		0
BKBENCH PREP OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANT; CORNEAL TISSUE PROCESSING; PART	H18.20 - Unspecified corneal edema	Ophthalmology	Approved	1		0		0
BL DONOR SEARCH MANAGEMENT	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
BL DONOR SEARCH MANAGEMENT	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
BL EXCHANGE/TRANSFUSE NB	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
Bladder Cancer	Malignant neoplasm of posterior wall of bladder	RADIATION ONCOLOGY	Approved	1		0		0
BLEOMYCIN SULFATE INJECTION	NODLR LYMPHOCY PREDOM HDGKN LYMPH, NODES OF HEAD, FACE, & NK	Oncology	Approved	1		0		0
BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Blepharochalasis right upper eyelid	Emergency Medicine		0		0	Denied	1
BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Dermatochalasis of right upper eyelid	Pulmonary Disease		0		0	Approved	1
BLM GENE	ENCOUNTER FOR FERTILITY TESTING	Ancillary	Approved	1		0		0
BLOOD GLUCOSE MONITOR HOME	ACUTE GASTRITIS WITHOUT BLEEDING	Ancillary	Approved	1		0		0
BLOOD GLUCOSE MONITOR HOME	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
BLOOD GLUCOSE MONITOR HOME	PREDIABETES	Ancillary	Approved	1		0		0
BLOOD GLUCOSE MONITOR HOME	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
BLOOD GLUCOSE MONITOR HOME	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
BLOOD GLUCOSE MONITOR HOME	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
BLOOD GLUCOSE/REAGENT STRIPS	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
BLOOD TRANSFUSION SERVICE	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
BLOOD TRANSFUSION SERVICE	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST, INIT	Facility	Approved	1		0		0
BLOOD TRANSFUSION SERVICE	ANEMIA, UNSPECIFIED	Facility	Approved	11		0		0
BLOOD TRANSFUSION SERVICE	CHRONIC KIDNEY DISEASE, STAGE 1	Facility	Approved	4		0		0
BLOOD TRANSFUSION SERVICE	DEHYDRATION	Facility	Approved	1		0		0
BLOOD TRANSFUSION SERVICE	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Facility	Approved	2		0		0
BLOOD TRANSFUSION SERVICE	HEART FAILURE, UNSPECIFIED	Facility	Approved	3		0		0
BLOOD TRANSFUSION SERVICE	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	2		0		0
BLOOD TRANSFUSION SERVICE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
BLOOD TRANSFUSION SERVICE	MALIGNANT CARCINOID TUMOR OF THE MIDGUT, UNSPECIFIED	Facility	Approved	2		0		0
BLOOD TRANSFUSION SERVICE	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Facility	Approved	1		0		0
BLOOD TRANSFUSION SERVICE	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Facility	Approved	1		0		0
BLOOD TRANSFUSION SERVICE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
BLOOD TRANSFUSION SERVICE	POSTPROC SEROMA OF A MS STRUCTURE FOL A MS SYS PROCEDURE	Facility	Approved	2		0		0
BLOOD/LYMPH SYSTEM PROCEDURE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
BLS	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
BLS	HYDROCEPHALUS, UNSPECIFIED	Ancillary	Approved	1		0		0

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BLS	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
BLS; GROUND MILEAGE	R45.851 - Suicidal ideations	Ambulance	Approved	1		0		0
BONE BIOPSY OPEN DEEP	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE/ARTIC CARTL	Facility	Approved	1		0		0
BONE BIOPSY OPEN SUPERFICIAL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRONCHUS AND LUNG	Facility	Approved	1		0		0
BONE BIOPSY TROCAR/NEEDLE	DISCITIS, UNSPECIFIED, LUMBAR REGION	Facility	Approved	1		0		0
BONE BIOPSY TROCAR/NEEDLE	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Facility	Approved	2		0		0
BONE BIOPSY TROCAR/NEEDLE	PAIN IN LEFT KNEE	Facility	Denied	1	Services are not medically necessary	1		0
BONE BIOPSY TROCAR/NEEDLE	SECONDARY POLYCYTHEMIA	Facility	Approved	1		0		0
BONE GRAFT AT TIME OF IMPLANT PLACEMENT	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
BONE IMAGING 3 PHASE	PAIN IN LEFT LEG	Family Medicine	Approved	1		0		0
BONE IMAGING LIMITED AREA	CHRONIC OSTEOMYELIT W DRAINING SINUS, LEFT TIBIA AND FIBULA	Facility	Approved	1		0		0
BONE IMAGING WHOLE BODY	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Family Medicine	Approved	1		0		0
BONE IMAGING WHOLE BODY	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
BONE IMAGING WHOLE BODY	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
BONE IMAGING WHOLE BODY	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	4		0		0
BONE IMAGING WHOLE BODY	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	Family Medicine	Approved	1		0		0
BONE IMAGING WHOLE BODY	SHORTNESS OF BREATH	Family Medicine	Approved	1		0		0
BONE MARROW ASPIR BONE GRFG	RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
BONE MARROW ASPIR BONE GRFG	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
BONE MARROW ASPIR BONE GRFG	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW ASPIR BONE GRFG	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW ASPIR BONE GRFG	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW ASPIR BONE GRFG	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW ASPIR BONE GRFG	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW ASPIR BONE GRFG	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW HARVEST ALLOGEN	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	Facility	Approved	1		0		0
BONE MARROW HARVEST AUTOLOG	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	Facility	Approved	1		0		0
BONE MARROW HARVEST AUTOLOG	MULTIPLE MYELOMA IN REMISSION	Facility	Approved	1		0		0
BONE MARROW HARVEST AUTOLOG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
BONE MARROW HARVEST AUTOLOG	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	Ancillary	Denied	1	Services are not medically necessary	1		0
BONE MARROW HARVEST AUTOLOG	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	Sprain of anterior cruciate ligament of right knee, subsequent encounter	Psychiatry		0		0	Denied	1
Bone Metastases	Malignant neoplasm of prostate	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Bone Metastases	Secondary malignant neoplasm of bone	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Bone Metastases	Secondary malignant neoplasm of bone	Other	Approved	3		0		0
Bone Metastases	Secondary malignant neoplasm of bone	Other	Denied	1	Services are not medically necessary	1		0
Bone Metastases	Secondary malignant neoplasm of bone	RADIATION ONCOLOGY	Approved	8		0		0
Bone Metastases	Secondary malignant neoplasm of bone	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Bone Metastases	Secondary malignant neoplasm of bone	THERAPEUTIC RADIOLOGY	Approved	1		0		0
Bone Metastases	Secondary malignant neoplasm of skin	RADIATION ONCOLOGY	Approved	1		0		0

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BONE SURGERY USING COMPUTER	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
BONE/SKIN GRAFT MICROVASC	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	Facility	Approved	1		0		0
BONE/SKIN GRAFT MICROVASC	MALIGNANT NEOPLASM OF MAXILLARY SINUS	Surgery, Plastic	Approved	1		0		0
BONIVA 150 MG TABLET	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Obstetrics/Gynecology	Approved	1		0		0
BORTEZOMIB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	4		0		0
BOSULIF 500 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
BOSULIF 500 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Approved	1		0		0
BOTOX		Surgery, Orthopedic		0		0	Approved	2
BOTOX	BLEPHAROSPASM	Allergy/Immunology		0		0	Denied	1
BOTOX	Blepharospasm	Rheumatology		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pediatric Endocrinology		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Rheumatology		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Dermatology		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Dermatology		0		0	Denied	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatric Endocrinology		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Rheumatology		0		0	Denied	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Dermatology		0		0	Approved	1
BOTOX	Chronic migraine without aura, not intractable, without status migrainosus	Neurology		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Vascular & Interventional Radiology		0		0	Approved	1
BOTOX	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology		0		0	Approved	1
BOTOX	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Emergency Medicine		0		0	Approved	1
Botox	Migraine without aura, not intractable, without status migrainosus	Obstetrics/Gynecology		0		0	Approved	1
BOTOX	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Surgery, Orthopedic		0		0	Approved	3
BOTOX	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management		0		0	Approved	1
BOTOX	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician		0		0	Approved	1
BOTOX	MIXED INCONTINENCE	Psychiatry		0		0	Approved	1
BOTOX	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	Surgery, Plastic		0		0	Denied	1
BOTOX	OTHER SPECIFIED FORMS OF TREMOR	Obstetrics/Gynecology		0		0	Denied	1
BOTOX	OVERACTIVE BLADDER	Emergency Medicine		0		0	Approved	1
BOTOX	OVERACTIVE BLADDER	Internal Medicine		0		0	Approved	1
BOTOX	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Family Medicine		0		0	Denied	1
BOTOX	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Physician Assistant		0		0	Denied	2
BOTOX	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Surgery, Orthopedic		0		0	Denied	1

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BOTOX	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Emergency Medicine		0		0	Approved	1
BOTOX	TOURETTE'S DISORDER	Neurology		0		0	Approved	1
BOTOX 100 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
BOTOX 100 UNIT VIAL	CLONIC HEMIFACIAL SPASM	Neurology	Approved	1		0		0
BOTOX 100 UNIT VIAL	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Approved	2		0		0
BOTOX 100 UNIT VIAL	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
BOTOX 100 UNIT VIAL	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
BOTOX 100 UNITS VIAL	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Surgery, General	Denied	1	Services are not medically necessary	1		0
BOTOX 100 UNITS VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
BOTOX 100 UNITS VIAL	SPASMODIC TORTICOLLIS	Physician	Approved	1		0		0
BOTOX 100 UNITS VIAL	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	Physical Medicine	Approved	1		0		0
BOTOX 100 UNITS VIAL	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
BOTOX 100 UNITS VIAL	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Physical Medicine	Approved	1		0		0
BOTOX 200		Emergency Medicine		0		0	Denied	1
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	3		0		0
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Surgery, Hand	Denied	1	Services are not medically necessary	1		0
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	5		0		0
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
BOTOX 200 UNIT VIAL	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
BOTOX 200 UNIT VIAL	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Dermatology	Approved	1		0		0
BOTOX 200 UNIT VIAL	SPASMODIC TORTICOLLIS	Surgery, Hand	Approved	1		0		0
BOTOX 200 UNIT VIAL	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Psychiatry	Approved	1		0		0
BOTOX 200 UNITS VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	3		0		0
BOTOX 200 UNITS VIAL	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
BOTOX 200 UNITS VIAL	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
BOTOX 200 UNITS VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
BOTOX 200 UNITS VIAL	SPASMODIC TORTICOLLIS	Neurology	Denied	1	Services are not medically necessary	1		0
BOTOX 200 UNITS VIAL	SPASMODIC TORTICOLLIS	Physical Medicine	Approved	1		0		0
BOTOX 200 UNITS VIAL	SPASMODIC TORTICOLLIS	Surgery, Hand	Denied	1	Services are not medically necessary	1		0
BRACHYTX, NON-STR,YTTRIUM-90	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
BRAF GENE	ANOREXIA	Facility	Approved	1		0		0
BRAF GENE	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
BRAF GENE	COUGH	Facility	Denied	1	Services are not medically necessary	1		0
BRAF GENE	MALIG NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SEC	Facility	Denied	1	Services are not medically necessary	1		0
BRAF GENE	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
BRAF GENE	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Ancillary	Approved	1		0		0
BRAF GENE	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Facility	Approved	1		0		0
BRAF GENE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	4	Services are not medically necessary	4		0
BRAF GENE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
BRAF GENE	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0

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BRAF GENE	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
BRAF GENE	MALIGNANT NEOPLASM OF PARIETAL LOBE	Ancillary	Denied	1	Services are not medically necessary	1		0
BRAF GENE	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
BRAF GENE	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
BRAF GENE	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	Ancillary	Approved	1		0		0
BRAF GENE	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
BRAF GENE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Denied	1	Services are not medically necessary	1		0
BRAF GENE	OTHER PANCYTOPENIA	Ancillary	Approved	1		0		0
BRAFTOVI 75 MG CAPSULE	MALIG NEOPLASM OF OVRLP SITES OF RECTUM, ANUS AND ANAL CANAL	Hematology	Approved	1		0		0
BRAFTOVI 75 MG CAPSULE	MALIGNANT NEOPLASM OF DESCENDING COLON	Oncology	Approved	1		0		0
BRAFTOVI 75 MG CAPSULE	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
BRAIN ANEURYSM REPR COMPLX	CEREBRAL ANEURYSM, NONRUPTURED	Facility	Approved	1		0		0
BRAIN BIOPSY W/CT/MR GUIDE	DISORDER OF BRAIN, UNSPECIFIED	Other	Approved	1		0		0
BRAIN CANAL SHUNT PROCEDURE	MECH COMPL OF NERVOUS SYS DEVICE, IMPLANT OR GRAFT, INIT	Ancillary	Approved	1		0		0
BRAIN CANAL SHUNT PROCEDURE	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Facility	Approved	1		0		0
BRAIN IMAGING (3D)	PARAPLEGIA, UNSPECIFIED	Facility	Approved	1		0		0
BRAIN IMAGING (3D)	TRAUM SUBDR HEM W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
BRAIN IMAGING (3D)	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	1		0		0
BRAIN IMAGING (3D); IODINE I-123 IOFLUPANE,DIAG,PER STUDY DOSE,UP TO 5 MILLICURIS	G82.20 - Paraparesis (HCC)	Neurology	Approved	1		0		0
BRAIN IMAGING (3D); IODINE I-123 IOFLUPANE,DIAG,PER STUDY DOSE,UP TO 5 MILLICURIS	R25.8 - Other abnormal involuntary movements	Neurology	Approved	1		0		0
BRAIN IMAGING (PET)	ALZHEIMER'S DISEASE, UNSPECIFIED	HOSPITAL	Approved	1		0		0
BRAIN IMAGING (PET)	ENCNTR FOR EXAM FOR NRML CMPRSN AND CTRL IN CLNCL RSRCH PROG	Ancillary	Approved	2		0		0
Brain Metastases	Secondary malignant neoplasm of brain	RADIATION ONCOLOGY	Approved	1		0		0
Brain Metastases	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Radiation Therapy		0		0	Approved	1
BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Psychiatry		0		0	Approved	1
BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Psychiatry		0		0	Denied	1
BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	Malignant neoplasm of central portion of right male breast	Surgery, Orthopedic		0		0	Approved	1
BRCA1 GENE FULL SEQ ALYS	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1 GENE FULL SEQ ALYS	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1 GENE KNOWN FAMIL VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	6		0		0
BRCA1 GENE KNOWN FAMIL VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	1		0		0

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BRCA1&2 185&5385&6174 VRNT	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Ancillary	Approved	1		0		0
BRCA1&2 185&5385&6174 VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	BENIGN CARCINOID TUMOR OF THE LARGE INTESTINE, UNSP PORTION	Ancillary	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	CALCULUS OF URETER	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	Internal Medicine	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	3		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Ancillary	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIG NEOPLASM OF TRACHEA, BRONC AND LUNG	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	43		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	7	Services are not medically necessary	7		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	7		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Genetics	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Hematology	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Pediatrics	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	5		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	3		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	11		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	5	Services are not medically necessary	5		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Facility	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FIBROADENOSIS OF LEFT BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	GENERALIZED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0

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BRCA1&2 GEN FULL SEQ DUP/DEL	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	HYPERTROPHY OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	INFLAMMATORY DISORDERS OF BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	3		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Ancillary	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	LEIOMYOMA OF UTERUS, UNSPECIFIED	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF UNSP FEMALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	5		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	4		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF BODY OF STOMACH	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF LEFT OVARY	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF LEFT OVARY	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	3		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Other	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0

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BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF RIGHT OVARY	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	9		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	2		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	4		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	10		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	4		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
BRCA1&2 GEN FULL SEQ DUP/DEL	PAIN IN RIGHT KNEE	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	8		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	SNORING	Ancillary	Approved	3		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	UNSPECIFIED ACUTE APPENDICITIS	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GENE FULL SEQ ALYS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0

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BRCA1&2 SEQ & COM DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
BRCA1&2 SEQ & COM DUP/DEL	PERSONAL HISTORY OF MALIGNANT CARCINOID TUMOR OF STOMACH	Ancillary	Approved	1		0		0
BRCA1&2 UNCOM DUP/DEL VAR	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
BRCA1&2 UNCOM DUP/DEL VAR	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FUL	D05.91 - Breast cancer, stage 0, right	General Surgery	Approved	1		0		0
BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FUL	Z80.0 - Family history of malignant neoplasm of digestive organs; Z80.3 - Family history of malignant neoplasm of breast; Z80.41 - Family history of malignant neoplasm of ovary	Hematology/Oncology	Approved	1		0		0
BRCA2 GENE KNOWN FAMIL VRNT	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Approved	1		0		0
BRCA2 GENE KNOWN FAMIL VRNT	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Ancillary	Approved	1		0		0
BRCA2 GENE KNOWN FAMIL VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
BREAST "STACKED" DIEP/GAP	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	4		0		0
Breast Cancer	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Radiation Therapy		0		0	Denied	1
Breast Cancer	Malignant neoplasm of central portion of left female breast	RADIATION ONCOLOGY	Approved	1		0		0
Breast Cancer	Malignant neoplasm of central portion of right female breast	RADIATION ONCOLOGY	Approved	1		0		0
Breast Cancer	Malignant neoplasm of lower-outer quadrant of right female breast	RADIATION ONCOLOGY	Approved	1		0		0
Breast Cancer	Malignant neoplasm of overlapping sites of left female breast	RADIATION ONCOLOGY	Approved	2		0		0
Breast Cancer	Malignant neoplasm of overlapping sites of right female breast	RADIATION ONCOLOGY	Approved	2		0		0
Breast Cancer	Malignant neoplasm of upper-inner quadrant of right female breast	ONCOLOGY	Approved	1		0		0
Breast Cancer	Malignant neoplasm of upper-inner quadrant of right female breast	RADIATION ONCOLOGY	Approved	1		0		0
Breast Cancer	Malignant neoplasm of upper-outer quadrant of left female breast	RADIATION ONCOLOGY	Approved	3		0		0
Breast Cancer	Malignant neoplasm of upper-outer quadrant of left female breast	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Breast Cancer	Malignant neoplasm of upper-outer quadrant of right female breast	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Breast Cancer	Malignant neoplasm of upper-outer quadrant of right female breast	RADIATION ONCOLOGY	Approved	2		0		0
BREAST DIEP FLAP RECONSTRUCT; BREAST DIEP FLAP RECONSTRUCT; INITIAL HOSPITAL CARE	C50.911 - Malignant neoplasm of unspecified site of right female breast; Z90.13 - Acquired absence of bilateral breasts and nipples	Plastic Surgery	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Ancillary	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0

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BREAST DIEP OR SIEA FLAP	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Other	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	4		0		0
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Other	Approved	2		0		0
BREAST DIEP OR SIEA FLAP	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	8		0		0
BREAST DIEP OR SIEA FLAP	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Other	Approved	4		0		0
BREAST DIEP OR SIEA FLAP	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	Facility	Approved	1		0		0
BREAST GAP FLAP RECONST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
BREAST PROSTHES W/O ADHESIVE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
BREAST PROSTHES W/O ADHESIVE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
BREAST RECONSTR W/LAT FLAP	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	1		0		0
BREAST RECONSTR W/LAT FLAP	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTR W/LAT FLAP	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTR W/LAT FLAP	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	2		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	6		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Surgery, Plastic	Approved	1		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Ancillary	Approved	1		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF STOMACH [PART OF]	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Surgery, Plastic	Approved	2		0		0
BREAST RECONSTRUCTION	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	DUAL ROLE TRANSVESTISM	Ancillary	Approved	1		0		0
BREAST RECONSTRUCTION	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	ESTROGEN RECEPTOR POSITIVE STATUS [ER+]	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	ESTROGEN RECEPTOR POSITIVE STATUS [ER+]	Surgery, Plastic	Approved	1		0		0
BREAST RECONSTRUCTION	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	GENDER IDENTITY DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	3		0		0
BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0

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BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Other	Approved	1		0		0
BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	1		0		0
BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	5		0		0
BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	4		0		0
BREAST RECONSTRUCTION	LOBULAR CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	6		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	3	Services are not medically necessary	3		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Other	Approved	2		0		0
BREAST RECONSTRUCTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	4		0		0
BREAST RECONSTRUCTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
BREAST RECONSTRUCTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
BREAST RECONSTRUCTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Other	Approved	1		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	4		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	7		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	13		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	8		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Surgery, Plastic	Approved	1		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	10		0		0

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BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Internal Medicine	Approved	1		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Other	Approved	4		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Surgery, General	Approved	1		0		0
BREAST RECONSTRUCTION	MASTITIS WITHOUT ABSCESS	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	NON-PRESSURE CHRONIC ULCER OF SKIN OF SITES W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
BREAST RECONSTRUCTION	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	Ancillary	Approved	2		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	8		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	24		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Other	Approved	2		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	5		0		0
BREAST RECONSTRUCTION	SHORTNESS OF BREATH	Facility	Denied	1	Services are not medically necessary	1		0
BREAST RECONSTRUCTION	TRANSSEXUALISM	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	TRANSSEXUALISM	Facility	Denied	1	Services are not medically necessary	1		0
BREAST RECONSTRUCTION	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	UNSPECIFIED LUMP IN THE RIGHT BREAST, UPPER OUTER QUADRANT	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL ENCOUNTER	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	UNSPECIFIED OPEN WOUND OF RIGHT BREAST, SEQUELA	Facility	Approved	1		0		0
BREAST RECONSTRUCTION; BREAST RECONSTRUCTION; BREAST DIEP FLAP RECONSTRUCT; BREAST DIEP FLAP RECONT	C50.811 - Malignant neoplasm of overlapping sites of right female breast; C50.919 - Malignant neoplasm of unspecified site of unspecified female breast; D05.12 - Intraductal carcinoma in situ of left breast	Plastic Surgery	Approved	1		0		0
BREAST SURGERY PROCEDURE	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Ancillary	Approved	1		0		0
BREAST SURGERY PROCEDURE	BENIGN NEOPLASM OF UNSPECIFIED BREAST	Facility	Denied	1	Services are not medically necessary	1		0
BREAST SURGERY PROCEDURE	BENIGN NEOPLASM, UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
BREAST SURGERY PROCEDURE	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
BREAST SURGERY PROCEDURE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
BREAST SURGERY PROCEDURE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BREAST SURGERY PROCEDURE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BREAST SURGERY PROCEDURE	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
BREATHING CAPACITY TEST	AIRCRAFT ACC NOS-PERS NEC	Facility	Approved	2		0		0
BREATHING CAPACITY TEST	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Ancillary	Approved	1		0		0
BREATHING CAPACITY TEST	COUGH	Facility	Approved	1		0		0

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BREATHING CAPACITY TEST	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Facility	Approved	2		0		0
BREATHING CAPACITY TEST	FASCICULATION	Facility	Approved	1		0		0
BREATHING CAPACITY TEST	OTHER DISORDERS OF LUNG	Facility	Approved	1		0		0
BREATHING CAPACITY TEST	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	1		0		0
BRENTUXIMAB VEDOTIN INJ	OTHER HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	Facility	Approved	1		0		0
BRIVIACT 10 MG/ML ORAL SOLN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
BRIVIACT 100 MG TABLET		Sleep Medicine	Approved	1		0		0
BRIVIACT 100 MG TABLET	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
BRIVIACT 100 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W STAT EPI	Neurology	Approved	1		0		0
BRIVIACT 100 MG TABLET	LOCAL-REL SYMPTC EPI W CMLX PART SEIZ, NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
BRIVIACT 100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
BRIVIACT 100 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	1		0		0
BRIVIACT 25 MG TABLET	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
BRIVIACT 50 MG TABLET	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Internal Medicine	Approved	1		0		0
BRIVIACT 50 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
BRONCH EBUS IVNTJ PERPH LES	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
BRONCH EBUS SAMPLNG 3/> NODE	LOCALIZED ENLARGED LYMPH NODES	Facility	Approved	1		0		0
BRONCH EBUS SAMPLNG 3/> NODE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Facility	Approved	1		0		0
BRONCH THERMOPLSTY 1 LOBE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Denied	1	Services are not medically necessary	1		0
BRONCH THERMOPLSTY 1 LOBE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Denied	2	Services are not medically necessary	2		0
BRONCH THERMOPLSTY 2/> LOBES	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Denied	1	Services are not medically necessary	1		0
BRONCH THERMOPLSTY 2/> LOBES	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Denied	2	Services are not medically necessary	2		0
BRONCHIAL ALLERGY TESTS	COUGH	Facility	Approved	1		0		0
BRONCHIAL ALLERGY TESTS	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	1		0		0
BRONCHOSCOPY DILATE/FX REPR	EARLY CONGENITAL SYPHILITIC OSTEOCHONDROPATHY	Facility	Approved	1		0		0
BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE	Severe persistent asthma with (acute) exacerbation	Pain Management		0		0	Denied	1
BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Psychiatry		0		0	Denied	1
BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	SEVERE PERSISTENT ASTHMA	Emergency Medicine		0		0	Denied	1
BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	Severe persistent asthma with (acute) exacerbation	Emergency Medicine		0		0	Denied	1
BRYHALI 0.01% LOTION	ALLERGIC CONTACT DERMATITIS, UNSPECIFIED CAUSE	Dermatology	Denied	1	Services are not medically necessary	1		0
BRYHALI 0.01% LOTION	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
BRYHALI 0.01% LOTION	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0

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BRYHALI 0.01% LOTION	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Denied	1	Services are not medically necessary	1		0
BRYHALI 0.01% LOTION	OTHER PSORIASIS	Dermatology	Denied	1	Services are not medically necessary	1		0
BRYHALI 0.01% LOTION	OTHER PSORIASIS	Physician	Denied	1	Services are not medically necessary	1		0
BRYHALI 0.01% LOTION	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
BRYHALI 0.01% LOTION	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
BRYHALI 0.01% LOTION	PSORIASIS VULGARIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
BRYHALI 0.01% LOTION	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
BSO OMENTECTOMY W/TAH	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
BSO OMENTECTOMY W/TAH	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
BTK GENE COMMON VARIANTS	OTHER CHRONIC SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
BUDESONIDE	LYMPHOCYTIC COLITIS	Family Medicine		0		0	Approved	1
BUDESONIDE	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Pain Management		0		0	Denied	1
BUDESONIDE 0.5 MG/2 ML SUSP	EOSINOPHILIC ESOPHAGITIS	Pediatric Gastroenterology	Approved	1		0		0
BUDESONIDE 32 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER	Crohn's disease, unspecified, without complications	Pediatrics		0		0	Denied	1
BUDESONIDE ER 9 MG TABLET		Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	COLLAGENOUS COLITIS	Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	COLLAGENOUS COLITIS	Physician	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	COLLAGENOUS COLITIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
BUDESONIDE ER 9 MG TABLET	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Surgery, Colon And Rectal	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	DIARRHEA, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Physician Assistant	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	LYMPHOCYTIC COLITIS	Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	LYMPHOCYTIC COLITIS	Gastroenterology	Denied	4	Services are not medically necessary	4		0
BUDESONIDE ER 9 MG TABLET	MICROSCOPIC COLITIS, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Gastroenterology	Denied	2	Services are not medically necessary	2		0
BUDESONIDE ER 9 MG TABLET	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Oncology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	SHORTNESS OF BREATH	Oncology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Pediatric Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED	Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	VASCULAR DISORDER OF INTESTINE, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUPRENORP-NALOX 8-2 MG SL FILM	OPIOID DEPENDENCE, UNCOMPLICATED	Family Medicine	Approved	1		0		0

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BUPROPION HCL SR 150 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT	Psychiatry	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician Assistant	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician Assistant	Denied	2	Services are not medically necessary	2		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	2		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Internal Medicine	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
BUPROPION HCL XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
BUPROPION HCL XL 150 MG TABLET	MAJOR DEPRESSV DISORDER, SINGLE EPISODE, IN PARTIAL REMIS	Psychiatry	Approved	1		0		0
BUPROPION HCL XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
BUTALB-ACETAMIN-CAFF 50-300-40	OTHER HEADACHE SYNDROME	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
BUTALB-ACETAMIN-CAFF 50-325-40	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
BUTALB-ACETAMINOPH-CAFF-CODEIN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	1		0		0
BUTALB-ACETAMINOPH-CAFF-CODEIN	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
BUTALB-ACETAMINOPH-CAFF-CODEIN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
BUTALB-ACETAMINOPH-CAFF-CODEIN	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	CLUSTER HEADACHE SYNDROME, UNSPECIFIED	Family Medicine	Approved	1		0		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	3		0		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Approved	1		0		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
butalbital	OTHER HEADACHE SYNDROME	Neurology		0		0	Denied	1
BUTORPHANOL 10 MG/ML SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Cardiovascular Disease	Approved	1		0		0
BUTORPHANOL 10 MG/ML SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
BUTORPHANOL 10 MG/ML SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
BUTORPHANOL 10 MG/ML SPRAY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Rheumatology	Approved	1		0		0

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BUTORPHANOL 10 MG/ML SPRAY	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
BX OF CERVIX W/SCOPE LEEP	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	1		0		0
BX/CURETT OF CERVIX W/SCOPE	HIGH GRADE INTREPITH LESION CYTO SMR VAGN (HGSIL)	Facility	Approved	1		0		0
BX/CURETT OF CERVIX W/SCOPE	R87.622 - Low grade squamous intraepithelial lesion on cytologic smear of vagina (LGSIL)	OB/Gyn	Approved	1		0		0
BX/EXC IDRL SPINE LESN LMBR	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Other	Approved	1		0		0
BX/EXC XDRL SPINE LESN CRVL	NEOPLASM OF UNSP BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	Facility	Approved	1		0		0
BYETTA 5 MCG DOSE PEN INJ	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Family Medicine	Denied	1	Services are not medically necessary	1		0
BYPASS GRAFT, WITH VEIN, AORTOFEMORAL; INITIAL HOSPITAL CARE	I73.9 - Peripheral vascular disease, unspecified	Vascular Surgery	Approved	1		0		0
BYSTOLIC	Essential (primary) hypertension	Dermatology		0		0	Denied	1
BYSTOLIC	Essential (primary) hypertension	Internal Medicine		0		0	Denied	1
BYSTOLIC 10 MG TABLET		Internal Medicine	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Internal Medicine	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Neurology	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Denied	3	Services are not medically necessary	3		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	8		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	8	Services are not medically necessary	8		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Endocrinology And Metabolism	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	14		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	18	Services are not medically necessary	18		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	3		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	7	Services are not medically necessary	7		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Psychiatry	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Psychiatry	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	ESSENTIAL TREMOR	Physician Assistant	Approved	1		0		0
BYSTOLIC 10 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Cardiovascular Disease	Approved	1		0		0
BYSTOLIC 10 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Internal Medicine	Approved	3		0		0
BYSTOLIC 10 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Cardiovascular Disease	Approved	2		0		0
BYSTOLIC 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
BYSTOLIC 10 MG TABLET	OTHER SECONDARY PULMONARY HYPERTENSION	Internal Medicine	Approved	1		0		0

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BYSTOLIC 10 MG TABLET	PAROXYSMAL ATRIAL FIBRILLATION	Cardiac Electrophysiology	Approved	1		0		0
BYSTOLIC 2.5 MG TABLET	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 2.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 2.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	6		0		0
BYSTOLIC 2.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 2.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
BYSTOLIC 2.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 2.5 MG TABLET	PALPITATIONS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Approved	1		0		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	4		0		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	8		0		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	9	Services are not medically necessary	9		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Gastroenterology	Approved	1		0		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	3		0		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	4	Services are not medically necessary	4		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Approved	1		0		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 20 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Internal Medicine	Approved	1		0		0
BYSTOLIC 20 MG TABLET	TACHYCARDIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 20 MG TABLET	TACHYCARDIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 5 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 5 MG TABLET	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	Cardiac Electrophysiology	Approved	1		0		0
BYSTOLIC 5 MG TABLET	CARDIAC MURMUR, UNSPECIFIED	General Practice	Approved	1		0		0
BYSTOLIC 5 MG TABLET	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Family Medicine	Approved	1		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Approved	3		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Denied	3	Services are not medically necessary	3		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	6		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	10	Services are not medically necessary	10		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	3		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	17	Services are not medically necessary	17		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Nurse Practitioner	Approved	1		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	General Practice	Approved	2		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	4		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	11	Services are not medically necessary	11		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Approved	2		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician Assistant	Approved	1		0		0
BYSTOLIC 5 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Cardiovascular Disease	Approved	3		0		0
BYSTOLIC 5 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 5 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Internal Medicine	Approved	2		0		0
BYSTOLIC 5 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Internal Medicine	Denied	2	Services are not medically necessary	2		0

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BYSTOLIC 5 MG TABLET	HYPOTHYROIDISM, UNSPECIFIED	Internal Medicine	Approved	1		0		0
BYSTOLIC 5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 5 MG TABLET	OTHER SECONDARY PULMONARY HYPERTENSION	Internal Medicine	Approved	1		0		0
BYSTOLIC 5 MG TABLET	PALPITATIONS	Cardiovascular Disease	Approved	1		0		0
BYSTOLIC 5 MG TABLET	PALPITATIONS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 5 MG TABLET	PRE-EXISTING ESSENTIAL HYPERTENSION COMPL PREG/CHLDBRTH	Physician	Approved	1		0		0
BYSTOLIC 5 MG TABLET	PRESENCE OF AORTOCORONARY BYPASS GRAFT	Cardiovascular Disease	Approved	1		0		0
BYSTOLIC 5 MG TABLET	SUPRAVENTRICULAR TACHYCARDIA	Internal Medicine	Approved	1		0		0
BYSTOLIC 5 MG TABLET	TACHYCARDIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Physical Medicine	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
C MOTOR EVOKED UP&LWR LIMBS	SPINAL STENOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	3		0		0
C MOTOR EVOKED UP&LWR LIMBS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
C MOTOR EVOKED UP&LWR LIMBS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
C MOTOR EVOKED UP&LWR LIMBS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
C-1 ESTERASE, BERINERT	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
CABAZITAXEL INJECTION	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	1		0		0
CABERGOLINE 0.5 MG TABLET	BENIGN NEOPLASM OF PITUITARY GLAND	Endocrinology And Metabolism	Approved	2		0		0
CABERGOLINE 0.5 MG TABLET	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
CABG ARTERIAL FOUR OR MORE	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Cardiovascular Disease	Approved	1		0		0
CABG ARTERIAL SINGLE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	4		0		0
CABG ARTERIAL SINGLE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Approved	3		0		0
CABG ARTERIAL SINGLE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Ancillary	Approved	1		0		0
CABG ARTERIAL THREE	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
CABG ARTERY-VEIN FIVE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Approved	1		0		0
CABG ARTERY-VEIN FOUR	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	1		0		0
CABG ARTERY-VEIN SINGLE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0

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CABG ARTERY-VEIN THREE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Approved	3		0		0
CABG ARTERY-VEIN TWO	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
CABG ARTERY-VEIN TWO	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Surgery, Thoracic	Approved	1		0		0
CABG ARTERY-VEIN TWO	DISORDER OF VEIN, UNSPECIFIED	Facility	Approved	1		0		0
CABG VEIN FOUR	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Surgery, Thoracic	Approved	1		0		0
CABG VEIN FOUR	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	1		0		0
CABG VEIN THREE	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	Facility	Approved	1		0		0
CABOMETYX 40 MG TABLET	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Hematology	Approved	1		0		0
CABOMETYX 40 MG TABLET	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Internal Medicine	Approved	1		0		0
CALCIPOTRIENE 0.005% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CALCIPOTRIENE 0.005% CREAM	PSORIASIS VULGARIS	Anesthesiology	Approved	1		0		0
CALCIPOTRIENE 0.005% CREAM	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
CALCIPOTRIENE 0.005% CREAM	PSORIASIS VULGARIS	Family Medicine	Approved	1		0		0
CALCIPOTRIENE 0.005% CREAM	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
CALCIPOTRIENE-BETAMETH DP OINT	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
CALCIUM ACETATE 667 MG GELCAP	OTHER GENERAL SYMPTOMS AND SIGNS	Nephrology	Approved	1		0		0
CALCIUM GLUCONATE INJECTION	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CALCIUM GLUCONATE INJECTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	1		0		0
CALCIUM GLUCONATE INJECTION; NORMAL SALINE SOLUTION INFUS	E83.51 - Hypocalcemia	Hematology/Oncology	Approved	1		0		0
CALQUENCE	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	Psychiatry		0		0	Approved	1
CALQUENCE 100 MG CAPSULE	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Hematology	Denied	1	Services are not medically necessary	1		0
CALQUENCE 100 MG CAPSULE	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE	Hematology	Approved	1		0		0
CALR GENE COM VARIANTS	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF L LOW EXTREM	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	BOAT ACC INJ NEC-UNPOWER	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Approved	2		0		0
CALR GENE COM VARIANTS	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
CALR GENE COM VARIANTS	COAGULATION DEFECT, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
CALR GENE COM VARIANTS	DISORDER OF IRON METABOLISM, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	2		0		0
CALR GENE COM VARIANTS	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
CALR GENE COM VARIANTS	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Approved	2		0		0
CALR GENE COM VARIANTS	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Denied	9	Services are not medically necessary	9		0
CALR GENE COM VARIANTS	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Denied	2	Services are not medically necessary	2		0
CALR GENE COM VARIANTS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	HEREDITARY HEMOCHROMATOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	HEREDITARY HEMOCHROMATOSIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	HEREDITARY SIDEROBLASTIC ANEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0

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CALR GENE COM VARIANTS	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	Ancillary	Approved	1		0		0
CALR GENE COM VARIANTS	OTHER IRON DEFICIENCY ANEMIAS	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	POLYCYTHEMIA VERA	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	Facility	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
CAMBIA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pulmonary Disease		0		0	Denied	1
CAMBIA	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management		0		0	Approved	1
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	2	Services are not medically necessary	2		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Approved	1		0		0
CAMBIA 50 MG POWDER PACKET	HEADACHE	Family Medicine	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	HEADACHE	Neurology	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pain Management	Approved	1		0		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Denied	2	Services are not medically necessary	2		0

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CAMBIA 50 MG POWDER PACKET	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
Cambia 50 MG Powder Packet	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Dermatology		0		0	Approved	1
CAMBIA 50 MG POWDER PACKET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	4	Services are not medically necessary	4		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	POSTHERPETIC POLYNEUROPATHY	Neurology	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	TRIGEMINAL NEURALGIA	Pain Management	Denied	1	Services are not medically necessary	1		0
CANAKINUMAB INJECTION	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSP SITE	Rheumatology	Approved	1		0		0
Cancer Type Other	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	Radiation Therapy		0		0	Approved	1
CANE ADJUST/FIXED QUAD/3 PRO	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
CANE ADJUST/FIXED QUAD/3 PRO	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
CANE ADJUST/FIXED QUAD/3 PRO	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
CANE ADJUST/FIXED WITH TIP	OTHER CEREBROVASCULAR DISEASE	Ancillary	Approved	1		0		0
CANE ADJUST/FIXED WITH TIP	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	2		0		0
CAPECITABINE 150 MG TABLET	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Hematology	Approved	1		0		0
CAPECITABINE 150 MG TABLET	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET		Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	INTRAHEPATIC BILE DUCT CARCINOMA	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	INTRAHEPATIC BILE DUCT CARCINOMA	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	2		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Physician	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF ASCENDING COLON	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF ASCENDING COLON	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST	Internal Medicine	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0

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CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Oncology	Approved	2		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Hematology	Approved	6		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF DESCENDING COLON	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF GALLBLADDER	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Hematology	Approved	2		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF RECTUM	Hematology	Approved	3		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF RECTUM	Oncology	Approved	3		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Internal Medicine	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	4		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Internal Medicine	Approved	1		0		0
CAPECITABINE 500 MG TABLET	SECONDARY CARCINOID TUMORS OF BONE	Hematology	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Capsular contracture release (eg, Sever type procedure)	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Capsulorrhaphy, anterior, any type; with bone block	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CAR ION CHNNLPATH INC 10 GNS	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Ancillary	Denied	1	Services are not medically necessary	1		0
CAR ION CHNNLPATH INC 2 GNS	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Ancillary	Denied	2	Services are not medically necessary	2		0
CARAFATE 1 GM/10 ML SUSP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
CARAFATE 1 GM/10 ML SUSP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	1		0		0
CARAFATE 1 GM/10 ML SUSP	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
CARBIDOPA-LEVODOPA 25-100 TAB	PARKINSON'S DISEASE	Neurology	Approved	1		0		0
CARBOPLATIN INJECTION	DIARRHEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
CARBOPLATIN INJECTION	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Facility	Approved	1		0		0
CARBOPLATIN INJECTION	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CARBOPLATIN INJECTION	LOCALIZED SWELLING, MASS AND LUMP, NECK	Oncology	Approved	1		0		0

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CARBOPLATIN INJECTION	MALIG NEOPLASM OF UNSP TESTIS, UNSP DESCENDED OR UNDESCENDED	Oncology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
CARBOPLATIN INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Gynecologic Oncology	Denied	2	Services are not medically necessary	2		0
CARBOPLATIN INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Family Medicine	Approved	2		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF LEFT OVARY	Gynecologic Oncology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Family Medicine	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Family Medicine	Approved	2		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	Oncology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Hematology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Family Medicine	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Family Medicine	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
CARBOPLATIN INJECTION	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	Facility	Approved	1		0		0
CARBOPLATIN INJECTION	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
CARD MRI MORPHOLOGYFUNC WO CNTRST, FOLLOWED BY CNTRST; CARD MRI MORPHOLOGYFUNC WO CNTRST; CARD MRI	R94.39 - Abnormal stress test	Cardiology	Approved	1		0		0
CARD MRI VELOC FLOW MAPPING	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Facility	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	ACUTE EMBO THROMB UNS DEEP VEINS LT LOWER EXTREM	ONCOLOGY	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	CARDIOMYOPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

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Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	CONGENITAL STENOSIS OF AORTIC VALVE	CARDIOVASCULAR	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	OTHER TYPES OF FOLLICULAR LYMPHOMA UNSPEC SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	ANEURYSM OF HEART	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CARDIOMEGALY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CARDIOMEGALY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0

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Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CONGENITAL PULMONARY VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CONGENITAL PULMONARY VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	DEXTROCARDIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	DILATED CARDIOMYOPATHY	CARDIOVASCULAR SURGERY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	DOUBLE OUTLET RIGHT VENTRICLE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	2		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	HEART DISEASE UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	HEART DISEASE UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	HEREDITARY HEMOCHROMATOSIS	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRIC CARDIOLOGY	Approved	2		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRICS	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	MALFORMATION OF CORONARY VESSELS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	MALFORMATION OF CORONARY VESSELS	PEDIATRIC CARDIOLOGY	Approved	4		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	PEDIATRICS	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	CARDIOVASCULAR SURGERY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	CARDIOVASCULAR SURGERY	Denied	2	Services are not medically necessary	2		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRICS	Approved	2		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0

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Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	OTHER CARDIOMYOPATHIES	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	OTHER HYPERTROPHIC CARDIOMYOPATHY	INTERNAL MEDICINE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	OTHER ILL-DEFINED HEART DISEASES	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	OTHER RHEUMATIC TRICUSPID VALVE DISEASES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	PERICARDITIS IN DISEASES CLASSIFIED ELSEWHERE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	PERSONAL HX CONGEN MALFORM HEART & CIRC SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	PRESENCE OF PROSTHETIC HEART VALVE	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	SUPRAVENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	TETRALOGY OF FALLOT	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Unknown	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	VENTRICULAR SEPTAL DEFECT	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	VENTRICULAR SEPTAL DEFECT	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	VENTRICULAR TACHYCARDIA	PEDIATRIC CARDIOLOGY	Approved	2		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	VIRAL MYOCARDITIS	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CARDIAC MRI FOR MORPH W/DYE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Facility	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	BIFASCICULAR BLOCK	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast material;	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0

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Cardiac MRI for morphology and function without contrast material;	CONGENITAL PULMONARY VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	CONGENITAL PULMONARY VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast material;	DEXTRCARDIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast material;	DILATED CARDIOMYOPATHY	CARDIOVASCULAR SURGERY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	DOUBLE OUTLET RIGHT VENTRICLE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	HEMOGLOBIN E-BETA THALASSEMIA	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRICS	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
Cardiac MRI for morphology and function without contrast material;	PERSONAL HX CONGEN MALFORM HEART & CIRC SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast material;	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast material;	VENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	VITAMIN D DEFICIENCY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material; with stress imaging	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ABNORMAL ELECTROCARDIOGRAM	PEDIATRIC CARDIOLOGY	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ACUTE AND SUBACUTE INFECTIVE ENDOCARDITIS	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ANEURYSM OF HEART	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGY & INTERNAL MEDICINE	Approved	2		0		0

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Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	BENIGN NEOPLASM OF HEART	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	BIFASCICULAR BLOCK	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	Biventricular heart failure	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	BRADYCARDIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIAC MURMUR UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMEGALY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMEGALY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMEGALY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMEGALY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMYOPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CEREBRAL INFARCTION UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	NURSE PRACTITIONER	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CONGENITAL MALFORMATION OF HEART UNSPECIFIED	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	DEXTROCARDIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	DILATED CARDIOMYOPATHY	CARDIOVASCULAR	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	EARLY-ONSET CEREBELLAR ATAXIA	CARDIOLOGIST	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	4		0		0

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Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ESSENTIAL PRIMARY HYPERTENSION	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	HEART FAILURE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	HEREDITARY HEMOCHROMATOSIS	HEMATOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	MALFORMATION OF CORONARY VESSELS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	MYOCARDITIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	CARDIOVASCULAR SURGERY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	CARDIOVASCULAR SURGERY	Denied	2	Services are not medically necessary	2		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRICS	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY- CARDIOVASCULAR	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER CARDIOMYOPATHIES	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER CARDIOMYOPATHIES	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER CARDIOMYOPATHIES	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0

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Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER ILL-DEFINED HEART DISEASES	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER RHEUMATIC TRICUSPID VALVE DISEASES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER SPECIFIED HYPOTHYROIDISM	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PALPITATIONS	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PERICARDITIS IN DISEASES CLASSIFIED ELSEWHERE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PERSONAL HX CONGEN MALFORM HEART & CIRC SYSTEM	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PRESENCE OF PROSTHETIC HEART VALVE	CARDIOLOGIST	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PRIMARY PULMONARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PRIMARY PULMONARY HYPERTENSION	NURSE PRACTITIONER	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PRIMARY PULMONARY HYPERTENSION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	RHEUMATIC MITRAL STENOSIS	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	SARCOIDOSIS UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	SUPRAVENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	TETRALOGY OF FALLOT	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	TETRALOGY OF FALLOT	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR SEPTAL DEFECT	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR SEPTAL DEFECT	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR TACHYCARDIA	PEDIATRIC CARDIOLOGY	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VIRAL MYOCARDITIS	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	BURKITT LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	HEART DISEASE UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	HEART DISEASE UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	MALFORMATION OF CORONARY VESSELS	PEDIATRIC CARDIOLOGY	Approved	5		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	PEDIATRICS	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	OTH CURRENT COMP FOLLOW ACUTE MYOCARD INFARCTION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	OTHER HYPERTROPHIC CARDIOMYOPATHY	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	SUPRAVENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	VENTRICULAR PREMATURE DEPolarIZATION	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging	VITAMIN D DEFICIENCY UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CARDIAC REHAB	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	Facility	Approved	1		0		0
CARDIAC REHAB	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
CARDIAC REHAB	DYSPNEA, UNSPECIFIED	Facility	Approved	1		0		0
CARDIAC REHAB	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
CARDIAC REHAB	OTHER FORMS OF ANGINA PECTORIS	Facility	Approved	1		0		0
CARDIAC REHAB	POSTPROCEDURAL BULBOUS URETHRAL STRICTURE, MALE	Facility	Approved	1		0		0
CARDIAC REHAB/MONITOR	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	3		0		0
CARDIAC REHAB/MONITOR	CORONARY ANGIOPLASTY STATUS	Facility	Approved	2		0		0
CARDIAC REHAB/MONITOR	OTHER FORMS OF ANGINA PECTORIS	Facility	Approved	1		0		0
CARDIAC REHAB/MONITOR	SHORTNESS OF BREATH	Facility	Approved	1		0		0
CARDIAC REHAB; CARDIAC REHAB/MONITOR; INTENSIVE CARDIAC REHABILITATION; W OR WO CONTINUOUS ECG MON	I25.10 - CAD (coronary artery disease); Z95.5 - S/P primary angioplasty with coronary stent	Cardiology	Approved	1		0		0
CARDIAC SURGERY PROCEDURE	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0
CARDIOASSIST EXTERNAL	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Approved	2		0		0

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CARDIOASSIST EXTERNAL	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CARDIOASSIST EXTERNAL	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
CARDIOASSIST EXTERNAL	INFECTION DUE TO GASTRIC BAND PROCEDURE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CARDIOASSIST EXTERNAL	PAROXYSMAL ATRIAL FIBRILLATION	Cardiac Electrophysiology	Approved	1		0		0
CARDIOLOGY HRT TRNSPL MRNA	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	1		0		0
CARDIOLOGY HRT TRNSPL MRNA	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Approved	1		0		0
CARDIOLOGY HRT TRNSPL MRNA	HEART TRANSPLANT STATUS	Ancillary	Approved	2		0		0
CARDIOLOGY HRT TRNSPL MRNA	HEART TRANSPLANT STATUS	Ancillary	Denied	5	Services are not medically necessary	5		0
CARDIOPULM EXERCISE TESTING	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	2		0		0
CARDIOVASCULAR STRESS TEST	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	CARDIAC MURMUR, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	EDEMA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	MALFORMATION OF CORONARY VESSELS	Facility	Approved	2		0		0
CARDIOVASCULAR STRESS TEST	NONDISP FX OF MIDDLE PHALANX OF LEFT MIDDLE FINGER, 7THD	Facility	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	OTHER CHEST PAIN	CARDIOVASCULAR SURGERY	Approved	2		0		0
CARDIOVASCULAR STRESS TEST	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	2		0		0
CARDIOVASCULAR STRESS TEST	PRECORDIAL PAIN	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	Q24.5 - Malformation of coronary vessels	Pediatric Cardiology	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	R94.31 - Abnormal electrocardiogram (ECG) (EKG)	Pediatric Cardiology	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	4		0		0
CARDIOVASCULAR STRESS TEST	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR SURGERY	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	1		0		0
CARDIOVERSION ELECTRIC EXT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	2		0		0
CARDIOVERSION ELECTRIC EXT	TYPICAL ATRIAL FLUTTER	Other	Denied	1	Services are not medically necessary	1		0
CARDIOVERSION ELECTRIC, EXT; MODERATE SEDATION SERVICES; INITIAL 15 MINUTES, PATIENT AGE 5 YEARS O	I48.1 - Persistent atrial fibrillation	Cardiology	Approved	1		0		0

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CARE OF MISCARRIAGE	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE	Facility	Approved	3		0		0
CARE OF MISCARRIAGE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
CARE OF MISCARRIAGE	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	Facility	Approved	2		0		0
CARE OF MISCARRIAGE	MISSED ABORTION	Ancillary	Approved	1		0		0
CARE OF MISCARRIAGE	MISSED ABORTION	Facility	Approved	12		0		0
CARE OF MISCARRIAGE	THREATENED ABORTION	Facility	Approved	1		0		0
Carecore	MALIGNANT NEOPLASM OF GLOTTIS	Physician		0		0	Denied	1
CAROTID INTIMA ATHEROMA EVAL	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CARPAL TUNNEL SURGERY	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
CARPAL TUNNEL SURGERY	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Facility	Approved	1		0		0
CARPAL TUNNEL SURGERY	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	Ancillary	Approved	1		0		0
CARPAL TUNNEL SURGERY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
CARTILAGE GRAFT; NASAL SEPTUM	DEVIATED NASAL SEPTUM	Dermatology		0		0	Approved	1
CAVERJECT IMPULSE 20 MCG KIT	MALE ERECTILE DISORDER	Family Medicine	Approved	1		0		0
CAYSTON 75 MG INHAL SOLUTION	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	2		0		0
CAYSTON 75 MG INHAL SOLUTION	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
CAYSTON 75 MG INHAL SOLUTION	PSEUDOMONAS (MALLEI) CAUSING DISEASES CLASSD ELSWHR	Pulmonary Disease	Approved	2		0		0
CD RES	ALCOHOL DEPENDENCE, UNCOMPLICATED	Ancillary		0		0	Approved	1
CEBPA GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CELECOXIB 100 MG CAPSULE	PAIN IN UNSPECIFIED JOINT	Rheumatology	Denied	1	Services are not medically necessary	1		0
CELEXA 40 MG TABLET	GENERALIZED ANXIETY DISORDER	Internal Medicine	Approved	1		0		0
CELEXA 40 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
CELLCEPT 200 MG/ML ORAL SUSP	SYSTEMIC SCLEROSIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
CELLCEPT 250 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
CELLCEPT 500 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	4		0		0
CELLCEPT 500 MG TABLET	KIDNEY TRANSPLANT STATUS	Surgery, General	Approved	1		0		0
CELLCEPT 500 MG TABLET	LUNG TRANSPLANT STATUS	Pulmonary Disease	Approved	1		0		0
CELLESTA FLOWAB AMNION 0.5CC	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, R KNEE, SUBS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
CELLESTA FLOWAB AMNION 0.5CC	PLANTAR FASCIAL FIBROMATOSIS	Podiatry	Denied	1	Services are not medically necessary	1		0
Cerebral perfusion analysis using CT with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	2		0		0
CERTOLIZUMAB PEGOL INJ 1MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
CERTOLIZUMAB PEGOL INJ 1MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	3	Services are not medically necessary	3		0
CERTOLIZUMAB PEGOL INJ 1MG	CHEST PAIN, UNSPECIFIED	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
CERTOLIZUMAB PEGOL INJ 1MG	OTH SPECIFIC ARTHROPATHIES, NEC, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
CERTOLIZUMAB PEGOL INJ 1MG	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
CERTOLIZUMAB PEGOL INJ 1MG	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	PSORIATIC JUVENILE ARTHROPATHY	Rheumatology	Approved	1		0		0

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CERTOLIZUMAB PEGOL INJ 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	10		0		0
CERTOLIZUMAB PEGOL INJ 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	2	Services are not medically necessary	2		0
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
CERV ARTIFIC DISKECTOMY	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Other	Denied	1	Services are not medically necessary	1		0
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Other	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	Facility	Approved	3		0		0
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	CHRONIC PAIN SYNDROME	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	CONN TISS AND DISC STENOSIS OF INTVRT FORAMIN OF CERV REGION	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	LOW BACK PAIN	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	2		0		0
CERV ARTIFIC DISKECTOMY	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
CERV ARTIFIC DISKECTOMY	RADICULOPATHY, CERVICAL REGION	Facility	Approved	7		0		0
CERV ARTIFIC DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	5		0		0
CERV ARTIFIC DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	3	Services are not medically necessary	3		0
CERV ARTIFIC DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
CERV ARTIFIC DISKECTOMY	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
CERV FLEX N/ADJ FOAM PRE OTS	SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, INIT	Ancillary	Approved	1		0		0
Cervical Cancer	Malignant neoplasm of endocervix	RADIATION ONCOLOGY	Approved	1		0		0
CERVICAL LAMINOPLSTY 2/> SEG	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0

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CERVICAL PNEUM TRAC EQUIP	CERVICALGIA	Ancillary	Approved	1		0		0
CERVICAL TRACTION EQUIPMENT	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
CESAREAN DELIVERY	GESTATIONAL HTN W/O SIGNIFICANT PROTEINURIA, THIRD TRIMESTER	Facility	Approved	1		0		0
CETIRIZINE HCL 1 MG/ML SYRUP	ACUTE RECURRENT MAXILLARY SINUSITIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
CETIRIZINE HCL 10 MG CHEW TAB	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
CETROTIDE 0.25 MG KIT	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
CETROTIDE 0.25 MG KIT	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	2	Services are not medically necessary	2		0
CETUXIMAB INJECTION	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Family Medicine	Approved	1		0		0
CFTR GENE FULL SEQUENCE	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON PROCREATION	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
CFTR GENE FULL SEQUENCE	OTHER CHRONIC PANCREATITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
CFTR GENE FULL SEQUENCE	UNSPECIFIED ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
CHANGE EXT/INT NEPHROURETERAL CATHETER; EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIA	N17.9 - Acute kidney failure, unspecified; N31.9 - Neuromuscular dysfunction of bladder, unspecified; R33.9 - Retention of urine, unspecified	Urology	Approved	1		0		0
CHANGE NEPHROURETERAL CATH	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Facility	Approved	1		0		0
CHANTIX 0.5 MG TABLET	NICOTINE DEPENDENCE	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX 0.5 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX 0.5 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Internal Medicine	Approved	1		0		0
CHANTIX 0.5 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX 0.5 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Nurse Practitioner	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX		Family Medicine	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX		Nurse Practitioner	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Family Medicine	Approved	2		0		0
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE, OTHER TOBACCO PRODUCT, UNCOMPLICATED	Internal Medicine	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Chiropractic	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX	TOBACCO USE	Family Medicine	Approved	4		0		0
CHANTIX 1 MG TABLET		Internal Medicine	Approved	1		0		0
CHANTIX 1 MG TABLET	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CHANTIX 1 MG TABLET	NICOTINE DEPENDENCE, UNSP, W UNSP NICOTINE-INDUCED DISORDERS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX 1 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Approved	2		0		0
CHANTIX 1 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX 1 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CHANTIX 1 MG TABLET	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Nurse Practitioner	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CHANTIX 1 MG TABLET	OTHER SPECIFIED HEALTH STATUS	Internal Medicine	Approved	1		0		0
CHANTIX 1 MG TABLET	TOBACCO ABUSE COUNSELING	Family Medicine	Approved	1		0		0
CHANTIX 1 MG TABLET	TOBACCO ABUSE COUNSELING	Internal Medicine	Approved	1		0		0
CHANTIX 1 MG TABLET	TOBACCO ABUSE COUNSELING	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX 1 MG TABLET	TOBACCO USE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Family Medicine	Approved	2		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Family Medicine	Denied	2	Services are not medically necessary	2		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Internal Medicine	Approved	2		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Nurse Practitioner	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Physician Assistant	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Psychiatry	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, OTHER TOBACCO PRODUCT, UNCOMPLICATED	Chiropractic	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Approved	8		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Denied	4	Services are not medically necessary	4		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Nurse Practitioner	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Internal Medicine	Approved	2		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Nurse Practitioner	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Nurse Practitioner	Denied	3	Services are not medically necessary	3		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Obstetrics/Gynecology	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Physician	Approved	1		0		0
CHANTIX STARTING MONTH BOX	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	TOBACCO ABUSE COUNSELING	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	TOBACCO ABUSE COUNSELING	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	TOBACCO ABUSE COUNSELING	Internal Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Family Medicine	Approved	11		0		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Family Medicine	Denied	6	Services are not medically necessary	6		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Infectious Disease	Approved	1		0		0

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CHANTIX STARTING MONTH BOX	TOBACCO USE	Internal Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Nurse Practitioner	Approved	1		0		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Physician	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
CHEMET 100 MG CAPSULE	TOXIC EFFECT OF LEAD AND ITS COMPOUNDS, ACCIDENTAL, INIT	Internal Medicine	Approved	1		0		0
CHEMILUMINESCENT ASSAY	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
CHEMO ANTI-NEOPL SQ/IM	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
CHEMO ANTI-NEOPL SQ/IM	MALIGNANT NEOPLASM OF CEREBELLUM	Other	Approved	1		0		0
CHEMO ANTI-NEOPL SQ/IM	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
CHEMO IA PUSH TECHNIQUE	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Other	Approved	3		0		0
CHEMO IV INFUS EACH ADDL SEQ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
CHEMO IV INFUS EACH ADDL SEQ	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CHEMO IV INFUSION 1 HR	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Ancillary	Approved	1		0		0
CHEMO IV INFUSION 1 HR	END STAGE RENAL DISEASE	Surgery, General	Approved	1		0		0
CHEMO IV INFUSION 1 HR	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
CHEMO IV INFUSION 1 HR	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CHEMO IV INFUSION 1 HR	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
CHEMO IV INFUSION 1 HR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
CHEMO IV INFUSION 1 HR	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CHEMO IV INFUSION ADDL HR	END STAGE RENAL DISEASE	Surgery, General	Approved	1		0		0
CHEMO IV INFUSION ADDL HR	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
CHEMO IV INFUSION ADDL HR	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
CHEMO IV INFUSION ADDL HR	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
CHEMO IV INFUSION ADDL HR	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CHEMO IV PUSH ADDL DRUG	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CHEMO IV PUSH ADDL DRUG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
CHEMO IV PUSH SNGL DRUG	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CHEMO IV PUSH SNGL DRUG	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
CHEMO PROLONG INFUSE W/PUMP	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	2		0		0
CHEMO PROLONG INFUSE W/PUMP	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CHEMO PROLONG INFUSE W/PUMP	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Other	Approved	1		0		0
CHEMODENERV 1 EXTREM 5/> EA	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
CHEMODENERV 1 EXTREM 5/> MUS	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
CHEMODENERV ECCRINE GLANDS	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Family Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0

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CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Ancillary	Denied	2	Services are not medically necessary	2		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	General Practice	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	13		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	7		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Denied	2	Services are not medically necessary	2		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Counseling	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Facility	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Internal Medicine	Denied	3	Services are not medically necessary	3		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	63		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	7	Services are not medically necessary	7		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ophthalmology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pain Management	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physical Medicine	Approved	5		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Podiatry	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	3		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Surgery, Neurological	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Internal Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	3		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Adult Nurse Practitioner Primary Care	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	13		0		0

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CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Facility	Approved	6		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	34		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management	Approved	5		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Denied	2	Services are not medically necessary	2		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatrics	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physical Medicine	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Surgery, Plastic	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	CLONIC HEMIFACIAL SPASM, LEFT	Ancillary	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CRAMP AND SPASM	Physical Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	DYSTONIA, UNSPECIFIED	Ancillary	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	GENERALIZED ABDOMINAL PAIN	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	ILLNESS, UNSPECIFIED	Pediatric Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	6		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	3		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	6		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatrics	Approved	4		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Pediatrics	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0

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CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physical Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Dermatology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	4		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatric Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	NEW DAILY PERSISTENT HEADACHE (NDPH)	Pediatric Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Physical Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	OTHER DYSTONIA	Physical Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	PSORIASIS VULGARIS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	SPASMODIC TORTICOLLIS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	SPASMODIC TORTICOLLIS	Physical Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	TRIGEMINAL NEURALGIA	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Neurology	Approved	1		0		0
CHEMODENERV MUSC NECK DYSTON	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Neurology	Approved	1		0		0
CHEMODENERV MUSC NECK DYSTON	DYSTONIA, UNSPECIFIED	Neurology	Approved	1		0		0
CHEMODENERV MUSC NECK DYSTON	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
CHEMODENERV MUSC NECK DYSTON	OTHER DYSTONIA	Neurology	Approved	1		0		0
CHEMODENERV MUSC NECK DYSTON	SPASMODIC TORTICOLLIS	Neurology	Approved	2		0		0
CHEMODENERV SALIV GLANDS	ACUTE RESPIRATORY DISTRESS	Pediatric Otolaryngology	Approved	1		0		0
CHEMODENERV SALIV GLANDS	CHRONIC SIALOADENITIS	Facility	Approved	1		0		0
CHEMODENERV SALIV GLANDS	RETT'S SYNDROME	Facility	Approved	1		0		0
CHEMODENERV SALIV GLANDS	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Facility	Approved	1		0		0
CHEMODENERV TRUNK MUSC 1-5	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CHEMODENERV TRUNK MUSC 1-5	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
CHEMODENERV TRUNK MUSC 6/>	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
CHEMOTHERAPY	Acute myeloblastic leukemia, not having achieved remission	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Diffuse large B-cell lymphoma, unspecified site	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Hairy cell leukemia not having achieved remission	ONCOLOGY	Approved	1		0		0
CHEMOTHERAPY	Intrahepatic bile duct carcinoma	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of base of tongue	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of endometrium	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of gallbladder	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of lower lobe, left bronchus or lung	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of right female breast	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of stomach, unspecified	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of tongue, unspecified	HEMATOLOGY	Approved	1		0		0
CHEMOTHERAPY	Malignant neoplasm of tonsil, unspecified	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of unspecified kidney, except renal pelvis	HOSPITALIST - INTERNAL MEDICIN	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of unspecified part of left bronchus or lung	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast	Other	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of upper-inner quadrant of right female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of right female breast	ONCOLOGY	Approved	1		0		0
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of right female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Multiple myeloma not having achieved remission	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY INTO CNS	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	3		0		0
CHEMOTHERAPY INTO CNS	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Other	Approved	1		0		0
CHEMOTHERAPY INTO CNS	MALIG NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Approved	1		0		0
CHEMOTHERAPY INTO CNS	NEUROFIBROMATOSIS, TYPE 1	Facility	Approved	1		0		0
CHEMOTHERAPY, SC/IM; INITIAL HOSPITAL CARE	C85.89 - Other specified types of non-hodgkin lymphoma, extranodal and solid organ sites	Hematology/Oncology	Approved	1		0		0
CHEST SURGERY PROCEDURE	CONGENITAL SCOLIOSIS DUE TO CONGENITAL BONY MALFORMATION	Facility	Approved	1		0		0
CHIROPRACT MANJ 3-4 REGIONS	OCCIPITAL NEURALGIA	Chiropractic	Denied	1	Services are not medically necessary	1		0

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CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	Emergency Medicine		0		0	Denied	1
CHLOROQUINE PH 500 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHLORZOXAZONE 250 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
CHLORZOXAZONE 250 MG TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
CHLORZOXAZONE 250 MG TABLET	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
CHLORZOXAZONE 250 MG TABLET	LOW BACK PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CHLORZOXAZONE 250 MG TABLET	MUSCLE SPASM OF BACK	Chiropractic	Approved	1		0		0
CHOLESTEROL POWDER		Pediatrics	Denied	1	Services are not medically necessary	1		0
CHORIONIC GONAD 10,000 UNIT VL	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
CHORIONIC GONAD 10,000 UNIT VL	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
CHORIONIC GONAD 10,000 UNIT VL	HYPOPIUITARISM	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHORIONIC GONAD 10,000 UNIT VL	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
CHORIONIC GONADOTROPIN/1000U	ATROPHY OF TESTIS	Family Medicine	Denied	4	Services are not medically necessary	4		0
CHORIONIC GONADOTROPIN/1000U	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	2		0		0
CHORIONIC GONADOTROPIN/1000U	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
CHORIONIC GONADOTROPIN/1000U	TESTICULAR HYPOFUNCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
CHORIONIC GONADOTROPIN/1000U	UNDESCENDED TESTICLE, UNSPECIFIED, BILATERAL	Facility	Approved	1		0		0
CHROMOSOME MICROARRAY; FRAGILE X, PCR REFLEX SOUTHERN; CYTOGEN M ARRAY COPY NO&SNP; FMR1 GENE DETE	F88 - Global developmental delay	Pediatrics	Approved	1		0		0
CIALIS 20 MG TABLET	MALE ERECTILE DISORDER	General Practice	Denied	1	Services are not medically necessary	1		0
CIALIS 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
CIALIS 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
CIALIS 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	5	Services are not medically necessary	5		0
CIALIS 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	2	Services are not medically necessary	2		0
CIALIS 20 MG TABLET	OTH SEXUAL DYSFNCT NOT DUE TO A SUB OR KNOWN PHYSIOL COND	Family Medicine	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Denied	3	Services are not medically necessary	3		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	General Practice	Denied	2	Services are not medically necessary	2		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	3		0		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	9	Services are not medically necessary	9		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Family Medicine	Denied	2	Services are not medically necessary	2		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	General Practice	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Internal Medicine	Denied	2	Services are not medically necessary	2		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Urology	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	DECREASED LIBIDO	Endocrinology And Metabolism	Approved	1		0		0
CIALIS 5 MG TABLET	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Internal Medicine	Denied	2	Services are not medically necessary	2		0
CIALIS 5 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Family Medicine	Denied	1	Services are not medically necessary	1		0

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CIALIS 5 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Urology	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	ERECTILE DYSFUNCTION FOLLOWING PROSTATE ABLATIVE THERAPY	Nurse Practitioner	Approved	1		0		0
CIALIS 5 MG TABLET	FREQUENCY OF MICTURITION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	FREQUENCY OF MICTURITION	Urology	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	MALE ERECTILE DYSFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
CIALIS 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Approved	2		0		0
CIALIS 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	3	Services are not medically necessary	3		0
CIALIS 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Approved	1		0		0
CIALIS 5 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Urology	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Urology	Approved	1		0		0
CIALIS 5 MG TABLET	OTHER SPECIFIED DISORDERS OF PROSTATE	General Practice	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	VASCULAR DISORDERS OF MALE GENITAL ORGANS	Physician Assistant	Approved	1		0		0
CIMETIDINE 200 MG TABLET	MOLLUSCUM CONTAGIOSUM	Pediatrics	Denied	1	Services are not medically necessary	1		0
CIMETIDINE 400 MG TABLET	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Pediatric Dermatology	Approved	1		0		0
CIMZIA	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND	Internal Medicine		0		0	Approved	1
CIMZIA	RHEUMATOID ARTHRITIS, UNSPECIFIED	Dermatology		0		0	Approved	1
CIMZIA 200 MG VIAL KIT		Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG VIAL KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
CIMZIA 200 MG VIAL KIT	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Rheumatology	Approved	1		0		0
CIMZIA 200 MG VIAL KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	3		0		0
CIMZIA 200 MG VIAL KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG VIAL KIT	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML STARTER KIT	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML STARTER KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML STARTER KIT	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
CIMZIA 200 MG/ML STARTER KIT	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML STARTER KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	5		0		0
CIMZIA 200 MG/ML STARTER KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
CIMZIA 200 MG/ML STARTER KIT	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML STARTER KIT	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML STARTER KIT	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML STARTER KIT	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML STARTER KIT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
CIMZIA 200 MG/ML STARTER KIT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML SYRINGE KIT	ANKYLOSING SPONDYLITIS	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Rheumatology	Approved	1		0		0

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CIMZIA 200 MG/ML SYRINGE KIT	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML SYRINGE KIT	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
CIMZIA 200 MG/ML SYRINGE KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Gastroenterology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	General Practice	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	FIBROMYALGIA	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML SYRINGE KIT	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	OTHER PSORIASIS	Dermatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	PSORIASIS VULGARIS	Physician	Approved	2		0		0
CIMZIA 200 MG/ML SYRINGE KIT	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
CIMZIA 2X200 MG/ML SYRINGE KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Allergy/Immunology	Approved	1		0		0
CIMZIA 2X200 MG/ML SYRINGE KIT	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
CIMZIA 2X200 MG/ML(X3)START KT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
CINACALCET HCL 30 MG TABLET	HYPERPARATHYROIDISM, UNSPECIFIED	Nephrology	Approved	1		0		0
CINACALCET HCL 30 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
CINACALCET HCL 30 MG TABLET	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Nephrology	Approved	3		0		0
CINACALCET HCL 30 MG TABLET	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Physician	Approved	1		0		0
CINACALCET HCL 60 MG TABLET	END STAGE RENAL DISEASE	Nephrology	Denied	1	Services are not medically necessary	1		0

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CINACALCET HCL 90 MG TABLET	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Internal Medicine	Approved	1		0		0
CINACALCET HCL 90 MG TABLET	SECONDARY HYPERTHYROIDISM OF RENAL ORIGIN	Nephrology	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	ABSCESS OF CORPUS CAVERNOSUM AND PENIS	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	ACQUIRED TORSION OF PENIS	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	BALANITIS	Ancillary	Approved	2		0		0
CIRCUM 28 DAYS OR OLDER	BALANITIS	Facility	Approved	3		0		0
CIRCUM 28 DAYS OR OLDER	BALANOPOSTHITIS	Ancillary	Approved	4		0		0
CIRCUM 28 DAYS OR OLDER	BALANOPOSTHITIS	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	BALANOPOSTHITIS	Urology	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	CONGENITAL CHORDEE	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	CONGENITAL CHORDEE	Facility	Approved	4		0		0
CIRCUM 28 DAYS OR OLDER	CONGENITAL HYDRONEPHROSIS	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	ENCOUNTER FOR ROUTINE AND RITUAL MALE CIRCUMCISION	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	ENCOUNTER FOR ROUTINE AND RITUAL MALE CIRCUMCISION	Facility	Denied	1	Services are not medically necessary	1		0
CIRCUM 28 DAYS OR OLDER	HYPOSPADIAS, BALANIC	Facility	Approved	2		0		0
CIRCUM 28 DAYS OR OLDER	HYPOSPADIAS, UNSPECIFIED	Facility	Approved	3		0		0
CIRCUM 28 DAYS OR OLDER	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	OTHER CONGENITAL MALFORMATION OF PENIS	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	Ancillary	Approved	2		0		0
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	Ancillary	Denied	1	Services are not medically necessary	1		0
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	Facility	Approved	9		0		0
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	Pediatric Urology	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED DISORDERS OF PENIS	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED DISORDERS OF PENIS	Ancillary	Denied	2	Services are not medically necessary	2		0
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED HEALTH STATUS	Facility	Denied	1	Services are not medically necessary	1		0
CIRCUM 28 DAYS OR OLDER	PERSONAL HISTORY OF OTHER DISEASES OF URINARY SYSTEM	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	Ancillary	Approved	20		0		0
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	Facility	Approved	37		0		0
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	Facility	Denied	2	Services are not medically necessary	2		0
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	Urology	Approved	3		0		0
CIRCUM 28 DAYS OR OLDER	POOR URINARY STREAM	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	SCROTAL VARICES	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	UNDESCENDED TESTICLE, UNSPECIFIED	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	UNILATERAL INGUINAL TESTIS	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	UNSPECIFIED HYDRONEPHROSIS	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	VESICoureTERAL-REFLUX, UNSPECIFIED	Facility	Approved	1		0		0
CIRCUMCISION	Q55.64 - Hidden penis	Multi-Specialty Group	Approved	1		0		0
CIRCUMCISION W/REGIONL BLOCK	CONGENITAL HYDRONEPHROSIS	Facility	Approved	1		0		0
CIRCUMCISION W/REGIONL BLOCK	ENCOUNTER FOR ROUTINE AND RITUAL MALE CIRCUMCISION	Facility	Approved	1		0		0
CIRCUMCISION W/REGIONL BLOCK	HIDDEN PENIS	Facility	Approved	1		0		0

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CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	PHIMOSIS	Surgery, Orthopedic		0		0	Approved	1
CIRCUMCISION; PENIS PLASTIC SURGERY; RECONSTRUCTION OF URETHRA; CIRCUMCISION; SKIN TISSUE REARRANG	N41.8 - Other inflammatory diseases of prostate; N47.1 - Phimosis; N47.8 - Other disorders of prepuce; N48.82 - Acquired torsion of penis; N48.89 - Other specified disorders of penis	Urology	Approved	1		0		0
CIRCUMCISION; REVISION OF PENIS; ANCILLARY ANESTHESIOLOGIST	N47.1 - Phimosis; Q55.69 - Other congenital malformation of penis	Urology	Approved	1		0		0
CISPLATIN 10 MG INJECTION	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Family Medicine	Approved	1		0		0
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Family Medicine	Approved	1		0		0
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF ENDOMETRIUM	Family Medicine	Approved	1		0		0
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Family Medicine	Approved	1		0		0
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Family Medicine	Approved	1		0		0
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	2		0		0
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF VAGINA	Family Medicine	Approved	2		0		0
CISPLATIN 10 MG INJECTION	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Family Medicine	Approved	2		0		0
CITALOPRAM HBR 40 MG TABLET	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
CITALOPRAM HBR 40 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CITALOPRAM HBR 40 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	1		0		0
CITALOPRAM HBR 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
CITALOPRAM HBR 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician	Approved	1		0		0
CITALOPRAM HBR 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CITALOPRAM HBR 40 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
CITALOPRAM HBR 40 MG TABLET	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
C-LAMINOPLASTY W/GRAFT/PLATE	SPINAL STENOSIS, CERVICAL REGION	Other	Approved	1		0		0
CLARAVIS 30 MG CAPSULE	ACNE VULGARIS	Dermatology	Approved	3		0		0
CLARAVIS 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	5	Services are not medically necessary	5		0
CLARAVIS 40 MG CAPSULE	ACNE, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
CLARAVIS 40 MG CAPSULE	OTHER CICATRICAL ALOPECIA	Physician	Denied	1	Services are not medically necessary	1		0
Claviclectomy; partial	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEdic	Approved	1		0		0
Claviclectomy; partial	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Approved	1		0		0
Claviclectomy; partial	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Claviclectomy; partial	INCMPLE RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEdic	Approved	1		0		0
Claviclectomy; partial	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Claviclectomy; partial	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Claviclectomy; partial	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	2		0		0
Claviclectomy; partial	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	2		0		0
Claviclectomy; partial	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Claviclectomy; partial	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Claviclectomy; partial	UNSPECIFIED DISLOCATION LT AC JOINT INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Claviclectomy; partial	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	SURGERY-ORTHOPEdic	Approved	1		0		0
CLEAR OUTER EAR CANAL	FOREIGN BODY IN LEFT EAR, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
CLEAR OUTER EAR CANAL	FOREIGN BODY IN RIGHT EAR, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0

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CLEAR OUTER EAR CANAL	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT EAR, INIT ENCNTR	Ancillary	Approved	1		0		0
CLEAR OUTER EAR CANAL	SNORING	Ancillary	Approved	1		0		0
CLINDAGEL 1% GEL	OTHER SPECIFIED FOLLICULAR DISORDERS	Dermatology	Denied	1	Services are not medically necessary	1		0
CLINDAMYCIN PH 1% SOLUTION	LONG TERM (CURRENT) USE OF ANTIBIOTICS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
CLINDAMYCIN PH 1% SOLUTION	OTHER GENERAL SYMPTOMS AND SIGNS	Podiatry	Approved	1		0		0
CLINICAL CHEMISTRY TEST	ANOREXIA	Facility	Denied	1	Services are not medically necessary	1		0
CLINICAL CHEMISTRY TEST	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
CLINICAL CHEMISTRY TEST	DIARRHEA, UNSPECIFIED	Facility	Approved	1		0		0
CLINICAL CHEMISTRY TEST	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Cardiovascular Disease	Approved	1		0		0
CLINICAL CHEMISTRY TEST	FEVER, UNSPECIFIED	Facility	Approved	1		0		0
CLINICAL CHEMISTRY TEST	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
CLINICAL CHEMISTRY TEST	HYPOTENSION, UNSPECIFIED	Facility	Approved	1		0		0
CLINICAL CHEMISTRY TEST	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Ancillary	Approved	1		0		0
CLINICAL CHEMISTRY TEST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
CLINICAL CHEMISTRY TEST	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
CLINICAL CHEMISTRY TEST	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
CLINICAL CHEMISTRY TEST	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
CLINICAL CHEMISTRY TEST	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
CLINICAL CHEMISTRY TEST	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	5		0		0
CLINICAL CHEMISTRY TEST	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	3	Services are not medically necessary	3		0
CLINICAL CHEMISTRY TEST	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Facility	Approved	1		0		0
CLINICAL CHEMISTRY TEST	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
CLOBAZAM 2.5 MG/ML SUSPENSION	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
CLOBETASOL 0.05% SHAMPOO	ATOPIC DERMATITIS, UNSPECIFIED	Physician	Approved	1		0		0
CLOBETASOL PROP 0.05% FOAM	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
CLOBEX 0.05% SPRAY	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
CLOBEX 0.05% SPRAY	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
CLODAN 0.05% KIT	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
CLODERM 0.1% CREAM	ACNE VULGARIS	Endocrinology And Metabolism	Approved	1		0		0
CLODERM 0.1% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
CLODERM 0.1% CREAM	PITYRIASIS ALBA	Dermatology	Denied	1	Services are not medically necessary	1		0
CLODERM 0.1% CREAM PUMP	ALLERGIC CONTACT DERMATITIS, UNSPECIFIED CAUSE	Dermatology	Denied	1	Services are not medically necessary	1		0
CLODERM 0.1% CREAM PUMP	OTHER SEBORRHEIC DERMATITIS	Dermatology	Approved	1		0		0
CLOMIPHENE CITRATE 50 MG TAB	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
CLOSED TX NOSE FX W/ STABLJ	FRACTURE OF NASAL BONES, INIT ENCNTR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
CLOSURE URETER/BOWEL FISTULA	VESICOVAGINAL FISTULA	Facility	Approved	1		0		0
CLOTRIMAZOLE 1% CREAM	PRURITUS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CLOTRIMAZOLE 1% CREAM	TINEA CORPORIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
CMPLX RPR F/C/C/M/N/AX/G/H/F	HIDRADENITIS SUPPURATIVA	Ancillary	Approved	1		0		0
CMPLX RPR F/C/C/M/N/AX/G/H/F	SCAR CONDITIONS AND FIBROSIS OF SKIN	Ancillary	Approved	1		0		0
CMPLX RPR S/A/L 2.6-7.5 CM	HYPERTROPHIC SCAR	Facility	Approved	1		0		0
CMPRSBURNGARMENT GLOVE-WRIST	BURNS OF 30-39% OF BODY SURFACE W 30-39% THIRD DEGREE BURNS	Family Medicine	Denied	1	Services are not medically necessary	1		0

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CMPRSBURNGRMNT GLOVE-AXILLA	BURN 3RD DEG MU SITES OF LEFT SHLDR/UP LMB, EX WRS/HND, SUBS	Ancillary	Approved	1		0		0
CMPRSBURNGRMNT GLOVE-AXILLA	BURNS OF 30-39% OF BODY SURFACE W 30-39% THIRD DEGREE BURNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
COCH IMP EXT PROC/CONTR RPLC	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	13		0		0
COCH IMP EXT PROC/CONTR RPLC	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	2		0		0
COCH IMPLANT HEADSET REPLACE	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	2		0		0
COCH IMPLANT MICROPHONE REPL	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	2		0		0
COCH IMPLANT MICROPHONE REPL	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
COCH IMPLANT TRAN CABLE REPL	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	3		0		0
COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	4		0		0
COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	2	Services are not medically necessary	2		0
COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Sensorineural hearing loss, bilateral	Pediatrics		0		0	Approved	1
COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	SENSORINEURAL HEARING LOSS, BILATERAL	Surgery, Plastic		0		0	Approved	1
COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Sensorineural hearing loss, bilateral	Cardiovascular Disease		0		0	Approved	1
COLGN CROSS-LINK CRN MED SEP	CORNEAL ECTASIA, RIGHT EYE	Ophthalmology	Approved	1		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, STABLE, BILATERAL	Ophthalmology	Approved	2		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSPECIFIED, RIGHT EYE	Ophthalmology	Approved	3		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, BILATERAL	Ophthalmology	Approved	4		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, LEFT EYE	Ancillary	Approved	1		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, LEFT EYE	Ophthalmology	Approved	1		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, RIGHT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
COLISTIMETHATE 150 MG VIAL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	1		0		0
COLISTIMETHATE 150 MG VIAL	PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA	Internal Medicine	Approved	1		0		0
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	Ancillary	Approved	16		0		0
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	Ancillary	Denied	1	Services are not medically necessary	1		0
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	Urology	Approved	2		0		0
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	Urology	Denied	1	Services are not medically necessary	1		0
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Ancillary	Approved	3		0		0
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Hand	Approved	1		0		0
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Orthopedic	Approved	2		0		0
COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDING PROVOCATION TESTS, EG, MEAL, INTRACOLONIC BALLOON DISTENSION, PHARMACOLOGIC AGENTS, IF PERFORMED), WITH INTERPRETATION AND REPORT	FUNCTIONAL INTESTINAL DISORDER, UNSPECIFIED	Allergy/Immunology		0		0	Approved	1
COLONOSCOPY AND BIOPSY	ANEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
COLONOSCOPY AND BIOPSY	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
COLONOSCOPY AND BIOPSY	DIARRHEA, UNSPECIFIED	Ancillary	Approved	1		0		0
COLONOSCOPY AND BIOPSY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Denied	2	Services are not medically necessary	2		0
COLONOSCOPY AND BIOPSY	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	Ancillary	Approved	1		0		0
COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHE	K92.1 - Melena	Gastroenterology	Approved	1		0		0
COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHE	R93.3 - Abnormal findings on diagnostic imaging of other parts of digestive tract	Internal Medicine- Gastroenterology	Approved	1		0		0

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COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	R19.7 - Diarrhea, unspecified; R19.8 - Other specified symptoms and signs involving the digestive system and abdomen	Pediatric Nutrition and Gastroenterology	Approved	1		0		0
COLOSTOMY	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	1		0		0
COLPOPEXY EXTRAPERITONEAL	CYSTOCELE, MIDLINE	Facility	Approved	1		0		0
COLPOPEXY EXTRAPERITONEAL	CYSTOCELE, MIDLINE	HOSPITAL	Approved	1		0		0
COLPOPEXY EXTRAPERITONEAL	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
COLPOPEXY EXTRAPERITONEAL	OTHER FEMALE GENITAL PROLAPSE	HOSPITAL	Approved	1		0		0
COMBINATION ORAL/NASAL MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	4		0		0
COMBINATION SIT TO STAND SYS	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
COMBINATION SIT TO STAND SYS	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Ancillary	Denied	1	Services are not medically necessary	1		0
COMBINATION SIT TO STAND SYS	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
COMBINATION SIT TO STAND SYS	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Denied	1	Services are not medically necessary	1		0
COMBINATION SIT TO STAND SYS	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Denied	1	Services are not medically necessary	1		0
Combined right heart catheterization and retrograde left heart cath without coronaries	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Combined right heart catheterization and retrograde left heart cath without coronaries	Chronic thromboembolic pulmonary hypertension	CARDIOLOGIST	Approved	1		0		0
Combined right heart catheterization and retrograde left heart cath without coronaries	ENCOUNTER AFTERCARE FOLLOWING HEART TRANSPLANT	CARDIOVASCULAR DISEASE	Approved	1		0		0
Combined right heart catheterization and retrograde left heart cath without coronaries	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Combined right heart catheterization and retrograde left heart cath without coronaries	Secondary pulmonary arterial hypertension	CARDIOLOGIST	Approved	1		0		0
COMMODE CHAIR WITH DETACHARM	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH DETACHARM	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH DETACHARM	MALIGNANT NEOPLASM OF BRAIN STEM	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	2		0		0
COMMODE CHAIR WITH FIXED ARM	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	COLOSTOMY STATUS	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	FIBROSIS DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR, INIT	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	GROSS HEMATURIA	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	OTHER SPECIFIED DISORDERS OF BRAIN	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	PANNICULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	PRIMARY OSTEOARTHRITIS, RIGHT WRIST	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0

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COMMODE CHAIR WITH FIXED ARM	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	4		0		0
COMMODE CHAIR WITH FIXED ARM	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
COMMODE CHAIR WITH FIXED ARM	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	3		0		0
COMMODE CHAIR WITH FIXED ARM	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	3		0		0
COMMODE CHAIR WITH FIXED ARM	UNSP FRACTURE OF UNSP FEMUR, INIT ENCNTR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
COMP MULTIPLANE EXT FIXATION	ACQUIRED CLUBFOOT, RIGHT FOOT	Facility	Approved	1		0		0
COMPLERA TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Infectious Disease	Approved	1		0		0
COMPLERA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
COMPLETE CBC W/AUTO DIFF WBC	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
COMPLETE CBC W/AUTO DIFF WBC	MALIGNANT NEOPLASM OF CECUM	Hematology	Approved	1		0		0
COMPLETE CBC W/AUTO DIFF WBC	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
COMPLETE CBC W/AUTO DIFF WBC	STENOSIS OF PULMONARY ARTERY	Facility	Approved	1		0		0
COMPLEX CYSTOMETROGRAM	ILLNESS, UNSPECIFIED	Facility	Approved	1		0		0
COMPLEX CYSTOMETROGRAM	SPASTIC DIPLEGIC CEREBRAL PALSY	Facility	Approved	2		0		0
COMPLICATED OR MULTIPLE ABSCESS	L73.2 - Suppurative hidradenitis	Plastic Surgery	Approved	1		0		0
COMPLICATED OR MULTIPLE ABSCESS	N48.21 - Abscess of penis	Urology	Approved	1		0		0
COMPLIC-REMOVE FOREIGN BODY	S60.459A - Foreign body of finger	Plastic Surgery	Approved	1		0		0
COMPOSITE SKIN GRAFT	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK	Facility	Approved	1		0		0
COMPOUNDED DRUG, NOC	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
COMPOUNDED DRUG, NOC	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING (WHEN N	SUPRAVENTRICULAR TACHYCARDIA	Family Medicine		0		0	Approved	1
COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING (WHEN N	SUPRAVENTRICULAR TACHYCARDIA	Pediatric Endocrinology		0		0	Approved	1
COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSEPTAL CATHETERIZATIONS, INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA INCLUDING LEFT OR RIGHT ATRIAL PACING/RECORDING WHEN NEC	Paroxysmal atrial fibrillation	Physician		0		0	Approved	1
COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSEPTAL CATHETERIZATIONS, INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA INCLUDING LEFT OR RIGHT ATRIAL PACING/RECORDING WHEN NEC	PAROXYSMAL ATRIAL FIBRILLATION	Urology		0		0	Approved	1
COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSEPTAL CATHETERIZATIONS, INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA INCLUDING LEFT OR RIGHT ATRIAL PACING/RECORDING WHEN NEC	PERSISTENT ATRIAL FIBRILLATION	Urology		0		0	Approved	1
COMPREHENSIVE EYE EXAM ESTABLISHED PATIENT	H52.213 - Irregular astigmatism, bilateral	Optometry	Approved	1		0		0

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COMPREHENSIVE EYE EXAM ESTABLISHED PATIENT; EYE EXAM ESTABLISHED PAT - INTERMEDIATE; OFFICE/OUTPAT	H20.011 - Primary iridocyclitis, right eye; H30.21 - Posterior cyclitis, right eye	Ophthalmology	Approved	1		0		0
COMPREHENSIVE HEARING TEST	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	Audiology	Denied	2	Services are not medically necessary	2		0
COMPRES BURN GARMENT JACKET	BURN 3RD DEG MU SITES OF LEFT SHLDR/UP LMB, EX WRS/HND, SUBS	Ancillary	Approved	1		0		0
COMPRES BURN GARMENT JACKET	BURNS OF 30-39% OF BODY SURFACE W 30-39% THIRD DEGREE BURNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
COMPRES BURN GARMENT PANTY	BURNS OF 30-39% OF BODY SURFACE W 30-39% THIRD DEGREE BURNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
COMPRESSION STOCKING BK18-30	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
COMPRESSION STOCKING BK30-40	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
COMPRESSOR AIR POWER SOURCE	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Ancillary	Approved	2		0		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	ABN HISTOLOGICAL FIND IN OTH ORGN SYS & TISS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	BENIGN NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	FAMILY PRACTICE	Approved	1		0		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomographic (CT) colonography, screening, including image postprocessing	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	FAMILY PRACTICE	Approved	1		0		0
Computed tomographic (CT) colonography, screening, including image postprocessing	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	FAMILY PRACTICE	Approved	5		0		0
COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Pediatric Endocrinology		0		0	Approved	1
COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	RIGHT UPPER QUADRANT PAIN	Cardiovascular Disease		0		0	Approved	1
COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	RADICULOPATHY, LUMBAR REGION	Cardiovascular Disease		0		0	Approved	1
COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	Internal Medicine		0		0	Approved	1
COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	CERVICALGIA	Allergy/Immunology		0		0	Approved	1
COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	Pediatric Endocrinology		0		0	Approved	1
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL DISTENSION GASEOUS	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL DISTENSION GASEOUS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL DISTENSION GASEOUS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL DISTENSION GASEOUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL TENDERNESS UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL TENDERNESS UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	CARDIOLOGIST	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Approved	4		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACQUIRED ABSENCE OTH SPEC PARTS DIGESTIVE TRACT	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE CYSTITIS WITHOUT HEMATURIA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE CYSTITIS WITHOUT HEMATURIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE EMBO THROMB OTH SPEC DEEP VEIN RT LOW EXT	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE EMBO THROMB UNS DEEP VEINS LOW EXTREM BIL	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE EMBOLISM & THROMBOSIS OTHER SPEC VEINS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE FRONTAL SINUSITIS UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE PROSTATITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ADULT HYPERTROPHIC PYLORIC STENOSIS	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANAL ABSCESS	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANAL ABSCESS	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANAL FISSURE UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANAPLASTIC LCL ALK-POSITIVE NODE HEAD FACE & NCK	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANAPLASTIC LCL EXTRANODAL & SOLID ORGAN SITES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANEMIA IN CHRONIC KIDNEY DISEASE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	ANEMIA UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANOREXIA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANOREXIA	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANOREXIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ANOREXIA	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BARIATRIC SURGERY STATUS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BARRETT'S ESOPHAGUS WITH DYSPLASIA UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BASAL CELL CARCINOMA OF SKIN OF NOSE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN CARCINOID TUMOR OF THE RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN CARCINOID TUMOR OF THE RECTUM	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN CARCINOID TUMORS OF OTHER SITES	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN ESSENTIAL MICROSCOPIC HEMATURIA	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN LIPOMATOUS NEOPLASM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF APPENDIX	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF ASCENDING COLON	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF CECUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF DUODENUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF DUODENUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF MESOTHELIAL TISSUE PERITONEUM	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF PANCREAS	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF RIGHT KIDNEY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF SIGMOID COLON	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF SIGMOID COLON	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF STOMACH	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM PERIPHERAL NERVES & ANS ABDOMEN	OTHER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BILAT INGUINAL HERN W/OBST W/O GANGREN NOT RECUR	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Biliary acute pancreatitis with uninfected necrosis	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	SURGERY- PLASTIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	UROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF URETER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CANDIDAL ESOPHAGITIS	HEMATOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	CARCINOID SYNDROME	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CARDIAC ARRHYTHMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CELIAC DISEASE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHANGE IN BOWEL HABIT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHANGE IN BOWEL HABIT	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHANGE IN BOWEL HABIT	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHEST PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHEST PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHOLESTEROSIS OF GALLBLADDER	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC FATIGUE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC KIDNEY DISEASE STAGE 1	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC MYELOPROLIFERATIVE DISEASE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC VIRAL HEPATITIS C	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CLASSICAL HYDATIDIFORM MOLE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	COLOSTOMY MALFUNCTION	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	COMPRESSION OF VEIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Approved	14		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/INTEST OBST	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/O COMP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/OTH COMP	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNSPECIFIED WITH RECTAL BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CRYOGLOBULINEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CUTANEOUS ABSCESS OF ABDOMINAL WALL	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CUTANEOUS ABSCESS OF ABDOMINAL WALL	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CUTANEOUS ABSCESS OF ABDOMINAL WALL	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYCLICAL VOMITING INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF KIDNEY ACQUIRED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF KIDNEY ACQUIRED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF KIDNEY ACQUIRED	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF PANCREAS	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF PANCREAS	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF PANCREAS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF PANCREAS	OTHER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYSTIC DISEASE OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYSTITIS UNSPECIFIED WITHOUT HEMATURIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DERMATOPOLYMYOSITIS UNS ORGAN INVOLVEMENT UNS	RHEUMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE FOLLICLE CENTER LYMPHOMA NODES MX SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE FOLLICLE CENTER LYMPHOMA SPLEEN	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE FOLLICLE CENTER LYMPHOMA UNSPEC SITE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	Physician	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODE ING & LW LIMB	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODES AX & UP LMB	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF APPENDIX UNSPECIFIED	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF BILIARY TRACT UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF INTESTINE UNSPECIFIED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF INTESTINE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF STOMACH AND DUODENUM UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISORDER OF BONE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISORDER OF KIDNEY AND URETER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISORDER OF PARATHYROID GLAND UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULIT SM & LG INT W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULIT SM & LG INT W/O PERF/ABSC W/O BLEED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	COLON AND RECTAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	SURGERY-COLON/RECTAL	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	11		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GENERAL SURGERY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	SURGERY-COLON/RECTAL	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM & LG INT W/O PERF/ABSC W/BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	3		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULUM OF APPENDIX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULUM OF APPENDIX	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DORSALGIA UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DORSALGIA UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DYSPAREUNIA NOT DUE SUBSTNC/KNOWN PHYSIOLOG COND	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EARLY SATIETY	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED ERYTHROCYTE SEDIMENTATION RATE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCEPHALITIS AND ENCEPHALOMYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCEPHALITIS AND ENCEPHALOMYELITIS UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER OTH GENETIC TEST MALE PROCREATIVE MGMT	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Enterocolitis d/t Clostridium difficile, not spcf as recur	HEPATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Enterocolitis due to Clostridium difficile, recurrent	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EOSINOPHILIA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	COLON AND RECTAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	10		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	27		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Denied	11	Services are not medically necessary	11		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	INTERNAL MEDICINE	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	SURGERY-GENERAL	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ESOPHAGEAL OBSTRUCTION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ESOPHAGEAL VARICES WITHOUT BLEEDING	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FEMALE PELVIC INFLAMMATORY DISEASE UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FEVER UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FEVER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FISTULA OF VAGINA TO LARGE INTESTINE	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GR IIIA EXTRANOD SOLID ORGN	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES AX & UP LIMB	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES AX & UP LIMB	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II INTRA-ABDOM NODES	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES MULTI SITES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIA NODES MX SITE	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIB NODES AX UP LIMB	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNS LYM NODES HEAD FCE & NCK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC LYMPH NODES MX SITES	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOREIGN BODY IN COLON SUBSEQUENT ENCOUNTER	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FUNCTIONAL DIARRHEA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FUNCTIONAL DIARRHEA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FUNCTIONAL DIARRHEA	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FUNCTIONAL DIARRHEA	MULTISPECIALTY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FUNCTIONAL DYSPEPSIA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FUNCTIONAL DYSPEPSIA	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FUNCTIONAL INTESTINAL DISORDER UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GANGLION UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	GASTR ULCR UNS AS AC OR CHRON W/O HEMORR OR PERF	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRIC DIVERTICULUM	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	COLON AND RECTAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GENERAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTROPARESIS	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	COLON AND RECTAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	38		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	43		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	8	Services are not medically necessary	8		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	GENERAL SURGERY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	Imaging Center	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	22		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED HYPERHIDROSIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED HYPERHIDROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED HYPERHIDROSIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GROSS HEMATURIA	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GROSS HEMATURIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GROSS HEMATURIA	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GROSS HEMATURIA	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HESITANCY OF MICTURITION	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNS EXTRANODAL SOLID ORGAN SITE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNS EXTRANODAL SOLID ORGAN SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HYDROCELE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HYPERPLASIA OF APPENDIX	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HYPOXEMIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ILEOSTOMY STATUS	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ILEUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITH OBSTRUCTION W/O GANGRENE	PLASTIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITH OBSTRUCTION W/O GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITH OBSTRUCTION W/O GANGRENE	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	GENERAL SURGERY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-ABDOMINAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-GENERAL	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-VASCULAR	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INFARCTION OF LIVER	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTERVERTEBRAL DISC D/O W/MYELOPATHY THOR REGION	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	INTERNAL MEDICINE	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	UROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRREGULAR MENSTRUATION UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	COLON AND RECTAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	KAPOSIS SARCOMA OF SKIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	COLON AND RECTAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	60		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	41		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GENERAL PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GENERAL SURGERY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	28		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-ABDOMINAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	THORACIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	URGENT CARE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT REBOUND ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	GERIATRICS	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LIVER CELL CARCINOMA	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LIVER DISEASE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LIVER TRANSPLANT STATUS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LLQ ABDOMINAL SWELLING MASS & LUMP	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LLQ ABDOMINAL SWELLING MASS & LUMP	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LLQ ABDOMINAL SWELLING MASS & LUMP	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LLQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LLQ ABDOMINAL SWELLING MASS & LUMP	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LLQ ABDOMINAL SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED EDEMA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	HEMATOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	PLASTIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	CHIROPRACTOR	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	COLON AND RECTAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	22		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	9	Services are not medically necessary	9		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	20		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	Imaging Center	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	10		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LUMBOSACRAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LUQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LW G SQ INTRAEPITHELIAL LES ON CYTOL SMEAR CERV	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOBLASTIC LYMPHOMA SPLEEN	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MAJOR LACERATION OF RIGHT KIDNEY SEQUELA	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	RADIATION ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALE ERECTILE DISORDER	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NURSE PRACTITIONER	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT UP LIMB W/SHLDR	RADIOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	4		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	8	Services are not medically necessary	8		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE CECUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE CECUM	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE STOMACH	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE STOMACH	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Malignant mast cell neoplasm, unspecified	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	RADIATION ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA UNS LOWER LIMB INCLUDING HIP	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONN & SOFT TISS TRUNK UNS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONN & SOFT TISS TRUNK UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	8	Services are not medically necessary	8		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PLASTIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM GREATER CURVATURE STOMACH UNS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF AMPULLA OF VATER	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	OTHER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	INTERNAL MEDICINE	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	16		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF PANCREAS	CARDIOVASCULAR	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF PANCREAS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	HEMATOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Other	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	12		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	CARDIOVASCULAR	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	SURGERY-COLON/RECTAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DOME OF BLADDER	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DUODENUM	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DUODENUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCERVIX	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCERVIX	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Approved	12		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	15		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	10	Services are not medically necessary	10		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	NURSE PRACTITIONER	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF EXOCERVIX	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF EXOCERVIX	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF GALLBLADDER	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF GALLBLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ISTHMUS UTERI	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ISTHMUS UTERI	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LABIUM MAJUS	GYNECOLOGY ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LABIUM MINUS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LABIUM MINUS	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT CHOROID	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT CHOROID	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT SPERMATIC CORD	RADIATION ONCOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF MYOMETRIUM	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF MYOMETRIUM	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	SURGERY-NEUROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ANCILLARY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	OTHER	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	OTHER	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREATIC DUCT	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PENIS UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PENIS UNSPECIFIED	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	15		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION THERAPY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	28		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PYRIFORM SINUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	15		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Denied	7	Services are not medically necessary	7		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	25		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	OTHER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	RADIATION ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIBS STERNUM AND CLAVICLE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT ORBIT	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Approved	6		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	20		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	21		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	PHYSICIAN ASSISTANT	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	SURGERY-TRAUMA	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYMUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	RADIATION ONCOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRACHEA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRACHEA	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	COLON AND RECTAL SURGERY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	4		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF VAGINA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF VULVA UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	12		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITE CORPUS UTERI	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITE CORPUS UTERI	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES ESOPHAGUS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	OTHER	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	OTHER	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	4	Services are not medically necessary	4		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	ONCOLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT ADRENAL GLAND	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Imaging Center	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGEON - BREAST	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	MATERNAL FETAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	16		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	OTHER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	PLASTIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	HOSPITAL	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	INTERNAL MEDICINE	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PLEURAL EFFUSION	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OBSTETRICIAN AND GYNECOLOGIST	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA INTRATHORACIC LYMPH NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	GASTROENTEROLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MELENA	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MERKEL CELL CARCINOMA OF OTHER PART OF TRUNK	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MESOTHELIOMA OF PERITONEUM	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MESOTHELIOMA OF PERITONEUM	NURSE PRACTITIONER	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MESOTHELIOMA OF PERITONEUM	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MESOTHELIOMA OF PERITONEUM	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MESOTHELIOMA OF PERITONEUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MESOTHELIOMA UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES MULTIPLE SITES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	PULMONARY DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF BLADDER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM UNCERT BHV LYMPHOID HP & REL TISSUE UNS	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES AXILLA UP LIMB	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULR LYMPHCYT PREDOM HL INGUINAL RGN & LW LIMB	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRA-ABDOMEN NODES	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRA-ABDOMEN NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULR LYMPHCYT PREDOM HODGKIN LYMPHOMA UNS SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	PHYSICIAN ASSISTANT	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG UNS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NON-NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONSPECIFIC MESENTERIC LYMPHADENITIS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NULL	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NULL	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OBESITY UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OBESITY UNSPECIFIED	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OBESITY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH CLASSICAL HL XTRANOD & SOLID ORGAN SITE	SURGERY-HEAD AND NECK	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	OTHER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH POSTPROC COMP & DISORDERS DIGESTIVE SYSTEM	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	SURGERY-GENERAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	OTH SPEC NONINFECTIVE D/O LYMPH VESSELS & NODES	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA NODES AX & UP LMB	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER & UNSPECIFIED VENTRAL HERNIA WITH GANGRENE	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ABNORMAL TUMOR MARKERS	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER APPENDICITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER APPENDICITIS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ASCITES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PAIN	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PANCREATITIS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER COMPLICATIONS OF THE PUERPERIUM NEC	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CONSTIPATION	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CONSTIPATION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CONSTIPATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CONSTIPATION	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER DISEASES OF STOMACH AND DUODENUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER DISORDERS OF IRON METABOLISM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER DYSPHAGIA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ECHINOCOCCOSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ESOPHAGITIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER FATIGUE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Other intestnl obst unsp as to partial versus complete obst	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER IRON DEFICIENCY ANEMIAS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER IRON DEFICIENCY ANEMIAS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER OBESITY DUE TO EXCESS CALORIES	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER PANCYTOPENIA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Other partial intestinal obstruction	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Other partial intestinal obstruction	SURGERY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SOMATOFORM DISORDERS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPEC ABNORMAL UTERINE & VAGINAL BLEEDING	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPEC DISORDERS SKIN & SUBCUTANEOUS TISSUE	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED ANEMIAS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED CONGENITAL MALFORMATIONS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF BILIARY TRACT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF INTESTINE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF INTESTINE	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF INTESTINE	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED HYPOTHYROIDISM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED NUTRITIONAL ANEMIAS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER THROMBOPHILIA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OVERWEIGHT	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OVERWEIGHT	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PAIN IN RIGHT HIP	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PAIN IN RIGHT LEG	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PAIN IN THORACIC SPINE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PAIN IN UNSPECIFIED LOWER LEG	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PAINFUL MICTURITION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PARASTOMAL HERNIA WITHOUT OBSTRUCTION/ GANGRENE	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Partial intestinal obstruction, unspecified as to cause	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	GYNECOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	Physician	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	SURGERY-COLON/RECTAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIPH T-CELL LYMPHOMA NOT CLASSIFIED UNS SITE	HOSPITAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	PERITONEAL ABSCESS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERITONEAL ABSCESS	INFECTIOUS DISEASES	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERITONEAL ABSCESS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERITONEAL ABSCESS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERITONEAL ABSCESS	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILIC ABDOMINAL TENDERNESS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILIC ABDOMINAL TENDERNESS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILIC SWELLING MASS OR LUMP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	FAMILY PRACTICE	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY MALIG NEOPLASM OTH PARTS UTERUS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EYE	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EYE	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF URINARY TRACT INFECTIONS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OTHER DISEASES DIGESTIVE SYSTEM	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM SKIN	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	OTHER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	OTHER	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PHLEBITIS & THROMBOPHLEB SUP VES LT LOWER EXTREM	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POLYCYSTIC OVARIAN SYNDROME	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POLYCYSTIC OVARIAN SYNDROME	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POLYCYTHEMIA VERA	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POLYP OF COLON	GASTROENTEROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	POLYP OF COLON	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POLYP OF STOMACH AND DUODENUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POLYP OF STOMACH AND DUODENUM	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PORTAL HYPERTENSION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PORTAL HYPERTENSION	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PORTAL VEIN THROMBOSIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POSTMENOPAUSAL BLEEDING	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POSTPROC HEMOR HEMAT GU SYS ORGN FLW GU SYS PROC	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POSTPROCEDURL ADRENOCORTICAL-MEDULLARY HYPOFUNCT	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PRECOCIOUS PUBERTY	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PRIAPISM UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PSEUDOCYST OF PANCREAS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PSEUDOCYST OF PANCREAS	OTHER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PSEUDOCYST OF PANCREAS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	REBOUND ABDOMINAL TENDERNESS UNSPECIFIED SITE	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RECTAL ABSCESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	REFRACTORY CYTOPENIA WITH MULTILINEAGE DYSPLASIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RENAL AND PERINEPHRIC ABSCESS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RESPIRATORY TUBERCULOSIS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RHEUMATOID ARTHRITIS UNSPECIFIED	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	EMERGENCY MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	54		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	15		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	GENERAL SURGERY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	HOSPITAL	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	Imaging Center	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	30		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	PEDIATRICS	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	RHEUMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	13		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	15		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	OTHER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	SURGERY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RT LOWER QUADRANT REBOUND ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RUQ ABDOMINAL SWELLING MASS & LUMP	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RUQ ABDOMINAL SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SALMONELLA ENTERITIS	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SCLEROSING MESENTERITIS	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC & UNS MALIG NEO AXILLA & UP LIMB LYMPH NODES	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC & UNS MALIG NEO AXILLA & UP LIMB LYMPH NODES	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC & UNS MALIG NEO AXILLA & UP LIMB LYMPH NODES	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC & UNS MALIG NEO INTRATHORACIC LYMPH NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY CARCINOID TUMORS OF LIVER	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	12		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY POLYCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY POLYCYTHEMIA	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SIDEROPENIC DYSPHAGIA	HEMATOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	SLOW TRANSIT CONSTIPATION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SOLITARY PULMONARY NODULE	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	STRAIN MUSCLE FASCIA & TENDON ABD INITIAL ENCNR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TACHYCARDIA UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TACHYCARDIA UNSPECIFIED	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	THROMBOCYTOPENIA UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	THROMBOCYTOPENIA UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	THROMBOCYTOPENIA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TUBERCULOUS PERITONITIS	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TUBERCULOUS PERITONITIS	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TUBULO-INTERST NEPHRITIS NOT SPEC AS ACUTE/CHRON	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCER OF INTESTINE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE CHRONIC PANCOLITIS W/OTH COMPLICATION	SURGERY-COLON/RECTAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE CHRONIC PANCOLITIS WITH UNS COMP	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE CHRONIC PROCTITIS W/O COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE CHRONIC RECTOSIGMOIDITIS W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE COLITIS UNS W/RECTAL BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HEMORRHAGE OF NEWBORN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA W/OBSTRUCTION WITHOUT GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PLASTIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY-GENERAL	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNILAT INGUINAL HERN W/OBST W/O GANGRN NOT RECUR	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	EMERGENCY MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	GYNECOLOGY ONCOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	INFECTIOUS DISEASES	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	ONCOLOGY	Approved	11		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	ONCOLOGY	Denied	7	Services are not medically necessary	7		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	SURGERY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	SURGERY-GENERAL	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	UROLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS ABDDOMINAL HERNIA W/OBSTRUCTION W/O GANGRENE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS ABN CYTOLOGICAL FIND IN SPEC FROM CERV UTERI	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS B-CELL LYMPHOMA EXTRANODL & SOLID ORGAN SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS B-CELL LYMPHOMA LYMPH OF NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS MALIGNANT NEOPLASM SKIN OTHER PARTS FACE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS MALIGNANT NEOPLASM SKIN OTHER PARTS FACE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unsp intestnl obst, unsp as to partial versus complete obst	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unsp intestnl obst, unsp as to partial versus complete obst	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unsp intestnl obst, unsp as to partial versus complete obst	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	EMERGENCY MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	68		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	16	Services are not medically necessary	16		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	42		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	12	Services are not medically necessary	12		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GENERAL SURGERY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	Imaging Center	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INFECTIOUS DISEASES	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	35		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	NEUROSURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	ONCOLOGY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	Other	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	PEDIATRICS	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	PULMONARY DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-ABDOMINAL	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-ABDOMINAL	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-COLON/RECTAL	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-COLON/RECTAL	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	11		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ACUTE APPENDICITIS	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED APPENDICITIS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED DISTURBANCES OF SMELL AND TASTE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED GLAUCOMA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED HYDRONEPHROSIS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED HYDRONEPHROSIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED INFECTIOUS DISEASE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED INJURY ABDOMEN SUBSEQUENT ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unspecified lump in the right breast, unspecified quadrant	NURSE PRACTITIONER	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	URINARY TRACT INFECTION SITE NOT SPECIFIED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	URINARY TRACT INFECTION SITE NOT SPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Physician	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY- PLASTIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	5		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	VESICOINTESTINAL FISTULA	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VOLVULUS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	WALDENSTROM MACROGLOBULINEMIA	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	WALDENSTROM MACROGLOBULINEMIA	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ABNORMAL WEIGHT LOSS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE ABDOMEN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE ABDOMEN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE ABDOMEN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE CYSTITIS WITH HEMATURIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE CYSTITIS WITHOUT HEMATURIA	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE CYSTITIS WITHOUT HEMATURIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE GASTRITIS WITHOUT BLEEDING	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE PAIN DUE TO TRAUMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	UROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material	ANEMIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ANEURYSM OF RENAL ARTERY	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	BENIGN ESSENTIAL MICROSCOPIC HEMATURIA	UROLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; without contrast material	BREAKDOWN MECH UMBRELLA DEVICE INITIAL ENC NTR	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	BREAKDOWN OTH INTRL PROSTH DEVC IMPL GFT SUB ENC	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS IN BLADDER	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	EMERGENCY MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	67		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	GENERAL PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	GENERAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	Imaging Center	Approved	8		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Approved	15		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	NEUROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	NEUROSURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	OTHER	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	RADIOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	SURGERY- UROLOGICAL	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	URGENT CARE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	UROLOGY	Approved	171		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	UROLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	UROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF URETER	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF URETER	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF URETER	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF URETER	UROLOGY	Approved	37		0		0
Computed tomography; abdomen and pelvis; without contrast material	CARCINOID SYNDROME	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CELLULITIS UNSPECIFIED	LABORATORY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CERVICALGIA	NEUROSURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHEST PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 2 MILD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC MYELOPROLIFERATIVE DISEASE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC PROSTATITIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CONGENITAL HYDRONEPHROSIS	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	CONSTIPATION UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CROSSING VES & STRICT URETER W/O HYDRONEPHROSIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CYST OF KIDNEY ACQUIRED	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CYST OF PANCREAS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIARRHEA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIARRHEA UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DISORDER INVOLVING IMMUNE MECHANISM UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DISORDER OF KIDNEY AND URETER UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DISORDER OF KIDNEY AND URETER UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DISORDER OF KIDNEY AND URETER UNSPECIFIED	UROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS SM & LG INT W/O PERF/ABSC W/BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS SM INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULOSIS SM INTEST W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	DYSURIA	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DYSURIA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DYSURIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DYSURIA	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ELEVATED C-REACTIVE PROTEIN CRP	RHEUMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	NEPHROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	ENCOUNTER SCREEN INFECTIONS SEXL MODE TRANSMISSN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ENDOCRINE DISORDER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ENDOMETRIOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Enterocolitis d/t Clostridium difficile, not spcf as recur	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	EOSINOPHILIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ESSENTIAL PRIMARY HYPERTENSION	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	FEELING OF INCOMPLETE BLADDER EMPTYING	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	FOLLICULAR LYMPHOMA GRADE IIIA NODES MX SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	FUNCTIONAL DYSPEPSIA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GASTRIC DIVERTICULUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	22		0		0

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Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	11		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL TENDERNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	FAMILY PRACTICE	Approved	14		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	UROLOGY	Approved	17		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Approved	29		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	INTERNAL MEDICINE	Approved	10		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	NURSE PRACTITIONER	Approved	5		0		0

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Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	UROLOGY	Approved	17		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMORRHAGE OF ANUS AND RECTUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	HESITANCY OF MICTURITION	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HYDROCELE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HYDRONEPHROSIS W/RENAL & URETRL CALCULOUS OBST	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	HYDRONEPHROSIS W/RENAL & URETRL CALCULOUS OBST	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HYPERPARATHYROIDISM UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HYPERTENSIVE CKD W/STAGE 1-4 CKD OR UNS CKD	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	HYPERTROPHY OF KIDNEY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	HYPOTHYROIDISM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	INFLAMMATORY DISEASE OF PROSTATE UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	INFLAMMATORY POLYARTHROPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	IRON DEFICIENCY ANEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	IRON DEFICIENCY ANEMIA UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	20		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEIOMYOMA OF UTERUS UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LIVER TRANSPLANT STATUS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LLQ ABDOMINAL SWELLING MASS & LUMP	SURGERY- PLASTIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-VASCULAR	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Approved	16		0		0

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Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	UROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	20		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LUQ ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF ENDOMETRIUM	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF THYMUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	RADIATION THERAPY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MEDULLARY CYSTIC KIDNEY	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MELENA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MELENA	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MESOTHELIOMA OF PLEURA	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	METABOLIC DISORDER UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MINOR CONTUSION RIGHT KIDNEY INITIAL ENCOUNTER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MINOR CONTUSION UNS KIDNEY INITIAL ENCOUNTER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MYCOSIS FUNGOIDES UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	NAUSEA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	NEOPLASM UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	NOCTURIA	GENERAL SURGERY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTH NON-FOLLICULAR LYMPHOMA INTRA-ABDOM NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTH SPEC DIABETES MELLITUS W/UNS COMPLICATIONS	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER APPENDICITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER ASCITES	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER ASCITES	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CHRONIC PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CONSTIPATION	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER HYDRONEPHROSIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER LOWER URINARY TRACT CALCULUS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED CONGENITAL MALFORMATIONS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF BLADDER	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	SURGERY- UROLOGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED IRREGULAR MENSTRUATION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PAIN IN THORACIC SPINE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PAINFUL MICTURITION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERIUMBILICAL PAIN	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY MALIG NEOPLASM OTH PARTS UTERUS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	Other	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	UROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OTHER DISEASES URINARY SYSTEM	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	POLYCYSTIC OVARIAN SYNDROME	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	POSTPROC HEMOR HEMAT GU SYS ORGN FLW GU SYS PROC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	RECTAL FISTULA	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RECUR & PERSIST HEMATURIA W/MINOR GLOMERULAR ABN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RENAL TUBULO-INTERSTITIAL DISEASE UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RETENTION OF URINE UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	29		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	8		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	9		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	7		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SCOLIOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SCROTAL VARICES	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SECONDARY POLYCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SEPARATION OF MUSCLE NONTRAUMATIC OTHER SITE	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SICCA SYNDROME UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SICCA SYNDROME UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	SLOW TRANSIT CONSTIPATION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	TESTICULAR DYSFUNCTION UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	TUBULO-INTERST NEPHRITIS NOT SPEC AS ACUTE/CHRON	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ULCER OF INTESTINE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ULCERATIVE CHRONIC PANCOLITIS W/OTH COMPLICATION	SURGERY-COLON/RECTAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UMBILICAL HEMORRHAGE OF NEWBORN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	URGENT CARE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNILAT INGUINAL HERNIA W/O OBST/GANGRENE RECUR	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	FAMILY PRACTICE	Approved	8		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	INTERNAL MEDICINE	Approved	8		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	NEPHROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	UROLOGY	Approved	10		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNS ABDDOMINAL HERNIA W/OBSTRUCTION W/O GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNS ABDDOMINAL HERNIA W/OBSTRUCTION W/O GANGRENE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNS ABDDOMINAL HERNIA W/OBSTRUCTION W/O GANGRENE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNS ABDDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	77		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	13	Services are not medically necessary	13		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	GENERAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	Imaging Center	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	29		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	7	Services are not medically necessary	7		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	NEUROSURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	6		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	OTHER	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	RHEUMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	SURGERY-ABDOMINAL	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	THORACIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	30		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ACUTE APPENDICITIS	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED APPENDICITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	SURGERY- UROLOGICAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED RENAL COLIC	FAMILY PRACTICE	Approved	7		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED RENAL COLIC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED RENAL COLIC	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED RENAL COLIC	UROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	URGENCY OF URINATION	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY CALCULUS UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY CALCULUS UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY TRACT INFECTION SITE NOT SPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY TRACT INFECTION SITE NOT SPECIFIED	GENERAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY TRACT INFECTION SITE NOT SPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material	URINARY TRACT INFECTION SITE NOT SPECIFIED	NEUROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY TRACT INFECTION SITE NOT SPECIFIED	UROLOGY	Approved	12		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY TRACT INFECTION SITE NOT SPECIFIED	UROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	VOMITING UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	THORACIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABN CYTOLOGICAL FIND IN SPEC OTH ORGN SYS & TISS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	CARDIOVASCULAR SURGERY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	HEPATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL RESULTS OF KIDNEY FUNCTION STUDIES	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL WEIGHT LOSS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE ABDOMEN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE ABDOMEN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE ABDOMEN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE CYSTITIS WITH HEMATURIA	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE CYSTITIS WITH HEMATURIA	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE CYSTITIS WITHOUT HEMATURIA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE CYSTITIS WITHOUT HEMATURIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE EMBO THROMB UNS DEEP VEINS LOW EXTREM BIL	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE EMBO THROMB UNS DEEP VEINS RT LOWER EXTREM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE PROSTATITIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE SIALOADENITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ADULT HYPERTROPHIC PYLORIC STENOSIS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ANAPLASTIC LCL ALK-NEGATIVE UNSPECIFIED SITE	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ANAPLASTIC LCL EXTRANODAL & SOLID ORGAN SITES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ANEMIA UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ANEURYSM OF UNSPECIFIED SITE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ATHEROSCLEROSIS OF RENAL ARTERY	CARDIOLOGIST	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BALANITIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN ESSENTIAL MICROSCOPIC HEMATURIA	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN ESSENTIAL MICROSCOPIC HEMATURIA	UROLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM CNCTV & OTH SOFT TISSUE ABDOMEN	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM CNCTV & OTH SOFT TISSUE ABDOMEN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF ASCENDING COLON	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF ENDOCRINE PANCREAS	SURGERY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF EXTRAHEPATIC BILE DUCTS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF PARATHYROID GLAND	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF PARATHYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF RIGHT KIDNEY	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BILAT INGUINAL HERNIA W/O OBST/GANGREN NOT RECUR	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	10		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	Imaging Center	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Approved	8		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	SURGERY- UROLOGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	UROLOGY	Approved	47		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CALCULUS OF URETER	UROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CARCINOID SYNDROME	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHEST PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHILDHOOD ONSET FLUENCY DISORDER	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHOLESTEROSIS OF GALLBLADDER	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHRONIC FATIGUE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHRONIC KIDNEY DISEASE STAGE 2 MILD	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHRONIC KIDNEY DISEASE UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	UROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHRONIC PAIN SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	COLOSTOMY MALFUNCTION	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	COMPRESSION OF VEIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CONGENITAL MALFORMATION OF KIDNEY UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CONSTIPATION UNSPECIFIED	EMERGENCY MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	COUGH	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CROSSING VES & STRICT URETER W/O HYDRONEPHROSIS	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYCLICAL VOMITING NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYCLICAL VOMITING NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF EPIDIDYMIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF KIDNEY ACQUIRED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF KIDNEY ACQUIRED	UROLOGY	Approved	11		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF KIDNEY ACQUIRED	UROLOGY	Denied	9	Services are not medically necessary	9		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF PANCREAS	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CYST OF PANCREAS	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DEHYDRATION	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIARRHEA UNSPECIFIED	HOSPITAL	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIARRHEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Denied	3	Services are not medically necessary	3		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DILATED CARDIOMYOPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISEASE OF INTESTINE UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISEASE OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF ADRENAL GLAND UNSPECIFIED	COLON AND RECTAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF ADRENAL GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF ADRENAL GLAND UNSPECIFIED	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF ADRENAL GLAND UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF ADRENAL GLAND UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF BONE UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF BONE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF IRON METABOLISM UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF KIDNEY AND URETER UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF KIDNEY AND URETER UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF KIDNEY AND URETER UNSPECIFIED	UROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF MALE GENITAL ORGANS UNSPECIFIED	Other	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISORDER OF MALE GENITAL ORGANS UNSPECIFIED	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISPLACEMENT IU CONTRACEPT DEVICE INIT ENC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISPLACEMENT IU CONTRACEPT DEVICE INIT ENC	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS SM & LG INT W/O PERF/ABSC W/BLEED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS SM INTEST W/PERF & ABSC W/BLEED	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DYSPHAGIA UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DYSPLASIA OF CERVIX UTERI UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DYSURIA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DYSURIA	SURGERY- UROLOGICAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DYSURIA	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EARLY SATIETY	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EDEMA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ELEVATED C-REACTIVE PROTEIN CRP	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER ROUTINE CHECKING IU CONTRACEPT DEVICE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER SCREENING FOR MALIG NEOPLASM BLADDER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER SCREENING MALIGNANT NEOPLASM PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER SCREENING MALIGNANT NEOPLASM PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER SCREENING MALIGNANT NEOPLASM SITE UNS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENCOUNTER SCREENING MALIGNANT NEOPLASM SITE UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENDOMETRIOSIS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Enterocolitis d/t Clostridium difficile, not spcf as recur	HEPATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	CARDIOVASCULAR SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	8		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	GASTROENTEROLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EPIGASTRIC SWELLING MASS OR LUMP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ERECTILE DYSF FOLLOWING RADICAL PROSTATECTOMY	UROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ESOPHAGEAL VARICES WITHOUT BLEEDING	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ESSENTIAL PRIMARY HYPERTENSION	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ESSENTIAL PRIMARY HYPERTENSION	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EXTRAMEDLLARY PLASMACYTOMA NOT ACHIEVE REMISSION	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FEMALE GENITAL TRACT FISTULA UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FEVER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FREQUENCY OF MICTURITION	SURGERY- UROLOGICAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FREQUENCY OF MICTURITION	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FUNCTIONAL DIARRHEA	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FUNCTIONAL DYSPEPSIA	GASTROENTEROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	FUNCTIONAL INTESTINAL DISORDER UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	29		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	9	Services are not medically necessary	9		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	17		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	9	Services are not medically necessary	9		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	Imaging Center	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	9		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	SLEEP MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	ANESTHESIOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	FAMILY PRACTICE	Approved	32		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	GASTROENTEROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	GENERAL PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	INTERNAL MEDICINE	Approved	15		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	NURSE PRACTITIONER	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	Other	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	Physician	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	SURGERY- UROLOGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	UROLOGY	Approved	99		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	GROSS HEMATURIA	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATOSPERMIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Approved	36		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	GASTROENTEROLOGY	Approved	30		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	Imaging Center	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	INTERNAL MEDICINE	Approved	30		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	OBSTETRICIAN AND GYNECOLOGIST	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	Physician	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	PODIATRY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	SURGERY- UROLOGICAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	UROLOGY	Approved	88		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMORRHAGE OF ANUS AND RECTUM	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMORRHAGE OF ANUS AND RECTUM	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMORRHAGE OF ANUS AND RECTUM	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEMORRHAGE OF ANUS AND RECTUM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HESITANCY OF MICTURITION	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HESITANCY OF MICTURITION	URGENT CARE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HYDRONEPHROSIS W/RENAL & URETRL CALCULOUS OBST	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HYPERPLASIA OF APPENDIX	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HYPERTENSIVE CKD W/STAGE 1-4 CKD OR UNS CKD	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	HYPOTHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INCISIONAL HERNIA WITH OBSTRUCTION W/O GANGRENE	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INFARCTION OF LIVER	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INFECTIOUS MONONUCLEOSIS UNS W/O COMPLICATION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INFLAMMATORY DISEASE OF PROSTATE UNSPECIFIED	UROLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	INTRAMURAL LEIOMYOMA OF UTERUS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	22		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	8		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	GENERAL PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	11		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	OTHER	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEFT UPPER QUADRANT REBOUND ABDOMINAL TENDERNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEIOMYOMA OF UTERUS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEIOMYOMA OF UTERUS UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEIOMYOMA OF UTERUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LIVER CELL CARCINOMA	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LIVER CELL CARCINOMA	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LIVER DISEASE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LLQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED EDEMA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED EDEMA	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOW BACK PAIN	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	COLON AND RECTAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	17		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	13	Services are not medically necessary	13		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	6		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	Imaging Center	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	UROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LUQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LUQ ABDOMINAL SWELLING MASS & LUMP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LUQ ABDOMINAL SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	LW G SQ INTRAEPITHELIAL LES ON CYTOL SMEAR CERV	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	PULMONARY DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are experimental/investigational	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	INTERNAL MEDICINE	Approved	2		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT CARCINOID TUMOR OF THE ILEUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT MELANOMA OF SCALP AND NECK	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM CONN SOFT TISS HEAD FACE NECK	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM GREATER CURVATURE STOMACH UNS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE	OTHER	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF AMPULLA OF VATER	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ASCENDING COLON	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER NECK	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	HOSPITAL	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	SURGERY- UROLOGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BODY OF PANCREAS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	UROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF DESCENDING COLON	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF DESCENDING COLON	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	7	Services are not medically necessary	7		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PLACENTA	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	SURGERY- UROLOGICAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	18		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	10	Services are not medically necessary	10		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTUM	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTUM	SURGERY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RETROPERITONEUM	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RIGHT ORBIT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RIGHT ORBIT	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RIGHT OVARY	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RIGHT OVARY	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF RIGHT OVARY	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF THYROID GLAND	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF THYROID GLAND	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF TRACHEA	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF TRANSVERSE COLON	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	4	Services are not medically necessary	4		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	3		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	UROLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MEGALOURETER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MELENA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MELENA	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MELENA	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MELENA	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MESOTHELIOMA OF PERITONEUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MONOCLONAL GAMMOPATHY	PULMONARY DISEASES	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MYCOSIS FUNGOIDES UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NAUSEA	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NAUSEA WITH VOMITING UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NAUSEA WITH VOMITING UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NAUSEA WITH VOMITING UNSPECIFIED	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNCERTAIN BEHAVIOR LT RENAL PELVIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNCERTAIN BEHAVIOR OF BLADDER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNCERTAIN BEHAVIOR UNS KIDNEY	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNCERTAIN BEHAVIOR UNS KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM UNCERTAIN BHV OTH SPEC DIGESTIVE ORGAN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEPHROGENIC DIABETES INSIPIDUS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NODULR LYMPHCYT PREDOM HL INTRA-ABDOMEN NODES	INTERNAL MEDICINE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONINFLAMMATORY DISORDER OF UTERUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONSPECIFIC MESENTERIC LYMPHADENITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NONTRAUMATIC HEMATOMA OF SOFT TISSUE	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	NULL	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ORCHITIS	SURGERY- UROLOGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH SPEC NONINFECTIVE D/O LYMPH VESSELS & NODES	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER ABNORMAL TUMOR MARKERS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER ACUTE POSTPROCEDURAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER ACUTE POSTPROCEDURAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER ASCITES	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PAIN	GYNECOLOGY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC PANCREATITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CHRONIC TUBULO-INTERSTITIAL NEPHRITIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CONGENITAL MALFORMATIONS OF TONGUE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CONSTIPATION	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER CONSTIPATION	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER FECAL ABNORMALITIES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER GASTRITIS WITHOUT BLEEDING	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER HYDRONEPHROSIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Other partial intestinal obstruction	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Other partial intestinal obstruction	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISEASES OF INTESTINE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISEASES OF LIVER	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISEASES OF LIVER	SURGERY-GENERAL	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	HOSPITAL	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF BLADDER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF BLADDER	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	12		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	SURGERY- UROLOGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	17		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF PERITONEUM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER SPECIFIED OSTEOCHONDROPATHIES UNS SITE	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OTHER URETHRITIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	OVERACTIVE BLADDER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PAIN IN RIGHT HIP	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PAIN IN RIGHT HIP	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PAIN IN UNSPECIFIED HIP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PAINFUL MICTURITION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PARALYTIC ILEUS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Partial intestinal obstruction, unspecified as to cause	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Approved	13		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	GYNECOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	UROLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIPH T-CELL LYMPHOMA NOT CLASSIFIED UNS SITE	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILIC ABDOMINAL TENDERNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILIC SWELLING MASS OR LUMP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILICAL PAIN	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILICAL PAIN	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILICAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILICAL PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERIUMBILICAL PAIN	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSON INJURED UNS MOTOR-VEH ACC TRAF SUB ENC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY MALIG NEOPLASM OTH PARTS UTERUS	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY MALIG NEOPLASM OTH PARTS UTERUS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY MALIG NEOPLASM OTH PARTS UTERUS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	UROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	UROLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OF MERKEL CELL CARCINOMA	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OF NON-HODGKIN LYMPHOMAS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OF URINARY CALCULI	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OF URINARY CALCULI	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OTH INFECTIOUS & PARASITIC DZ	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OTHER DISEASES URINARY SYSTEM	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM SKIN	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	POLYCYSTIC OVARIAN SYNDROME	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	POLYP OF COLON	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PORTAL HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	POSTMENOPAUSAL BLEEDING	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	POSTPROCEDURAL HYPOTHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	POSTPROCEDURAL RETROPERITONEAL ABSCESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RENAL AND PERINEPHRIC ABSCESS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RETENTION OF URINE UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	CHIROPRACTOR	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	23		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	11		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	CHIROPRACTOR	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	8		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RIGHT UPPER QUADRANT PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	ONCOLOGY	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RUQ ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SALMONELLA ENTERITIS	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SCROTAL VARICES	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY DYSMENORRHEA	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SECONDARY POLYCYTHEMIA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SLOW TRANSIT CONSTIPATION	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	STRAIN RT QUAD MUSCLE FASCIA TENDON INITIAL ENC	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	TESTICULAR DYSFUNCTION UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	THROMBOCYTOPENIA UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	THROMBOCYTOPENIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	TOXIC LIVER DISEASE WITH CHOLESTASIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	TOXIC LIVER DISEASE WITH CHOLESTASIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	TUBERCULOUS PERITONITIS	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCER OF INTESTINE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCERATIVE CHRONIC RECTOSIGMOIDITIS W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCERATIVE COLITIS UNS W/RECTAL BLEEDING	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PLASTIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	FAMILY PRACTICE	Approved	12		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	INTERNAL MEDICINE	Approved	13		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	NEUROSURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	OBSTETRICS & GYNECOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	Other	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	SURGERY- UROLOGICAL	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	UROLOGY	Approved	90		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unknown	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS B-CELL LYMPHOMA EXTRANODL & SOLID ORGAN SITE	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Unsp intestnl obst, unsp as to partial versus complete obst	FAMILY PRACTICE	Approved	2		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	CARDIOVASCULAR DISEASE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	ENDOCRINOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	46		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	15	Services are not medically necessary	15		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	10		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	Imaging Center	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	INFECTIOUS DISEASES	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	22		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	9	Services are not medically necessary	9		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	NEUROSURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	5		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	9		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ACUTE APPENDICITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED ACUTE APPENDICITIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED HYDRONEPHROSIS	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED HYDRONEPHROSIS	GERIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED HYDRONEPHROSIS	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Approved	10		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED INJURY OF URETER INITIAL ENCOUNTER	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED RENAL COLIC	FAMILY PRACTICE	Approved	3		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED RENAL COLIC	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED URINARY INCONTINENCE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UNSPECIFIED URINARY INCONTINENCE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UPPER ABDOMINAL PAIN UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URGE INCONTINENCE	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URGE INCONTINENCE	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	SURGERY- UROLOGICAL	Approved	2		0		0

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Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	UROLOGY	Approved	15		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VESICOINTESTINAL FISTULA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VESICOVAGINAL FISTULA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VOMITING UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VOMITING UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computer aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CONCERTA	Attention-deficit hyperactivity disorder, combined type	Gastroenterology		0		0	Denied	1
CONCERTA	Attention-deficit hyperactivity disorder, combined type	Surgery, Plastic		0		0	Approved	1
CONCERTA ER 18 MG TABLET		Pediatrics	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 18 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
CONCERTA ER 18 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
CONCERTA ER 18 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 18 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 18 MG TABLET	AUTISTIC DISORDER	Pediatrics	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 27 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
CONCERTA ER 27 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 27 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0

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CONCERTA ER 27 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	3		0		0
CONCERTA ER 36 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	3		0		0
CONCERTA ER 36 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	2		0		0
CONCERTA ER 36 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
CONCERTA ER 36 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	1		0		0
CONCERTA ER 36 MG TABLET	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatrics	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 54 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 54 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
CONCERTA ER 54 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
CONCERTA ER 54 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
CONCERTA ER 54 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
CONCERTA ER 54 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
CONCERTA ER 54 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
CONCERTA ER 54 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
CONDITIONING PLAY AUDIOMETRY	TACHYCARDIA, UNSPECIFIED	Facility	Approved	1		0		0
CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	MANDIBULAR HYPOPLASIA	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	MAXILLARY HYPOPLASIA	Facility	Approved	1		0		0
CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	MAXILLARY HYPOPLASIA	Surgery, Oral And Maxillofacial	Approved	7		0		0
CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	Surgery, Oral And Maxillofacial	Approved	1		0		0
CONIZATION OF CERVIX	ATYP SQUAM CELL OF UNDET SIGNFC CYTO SMR CRVX (ASC-US)	Ancillary	Approved	1		0		0
CONIZATION OF CERVIX	ATYP SQUAM CELL OF UNDET SIGNFC CYTO SMR CRVX (ASC-US)	Facility	Approved	1		0		0
CONIZATION OF CERVIX	CALCULUS OF KIDNEY	Ancillary	Approved	2		0		0
CONIZATION OF CERVIX	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	Ancillary	Approved	2		0		0
CONIZATION OF CERVIX	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	Facility	Approved	1		0		0
CONIZATION OF CERVIX	CARCINOMA IN SITU OF EXOCERVIX	Ancillary	Approved	1		0		0
CONIZATION OF CERVIX	CARCINOMA IN SITU OF EXOCERVIX	Facility	Approved	1		0		0
CONIZATION OF CERVIX	D06.1 - Carcinoma in situ of exocervix; N87.1 - Moderate cervical dysplasia	OB/Gyn	Approved	1		0		0

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CONIZATION OF CERVIX	D06.9 - CIN III (cervical intraepithelial neoplasia III)	OB/Gyn	Approved	1		0		0
CONIZATION OF CERVIX	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	Ancillary	Approved	1		0		0
CONIZATION OF CERVIX	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	Facility	Approved	1		0		0
CONIZATION OF CERVIX	LOW GRADE INTREPITH LESION CYTO SMR CRVX (LGSIL)	Facility	Approved	1		0		0
CONIZATION OF CERVIX	MODERATE CERVICAL DYSPLASIA	Ancillary	Approved	3		0		0
CONIZATION OF CERVIX	MODERATE CERVICAL DYSPLASIA	Facility	Approved	2		0		0
CONIZATION OF CERVIX; ANCILLARY ANESTHESIOLOGIST	N87.1 - Moderate cervical dysplasia	Oncology	Approved	1		0		0
CONIZATION OF CERVIX; ANCILLARY ANESTHESIOLOGIST	R87.612 - Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)	OB/Gyn	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	BRACHIAL PLEXUS DISORDERS	Facility	Approved	3		0		0
CONN TISS, HUMAN(INC FASCIA)	CHONDROMALACIA, LEFT KNEE	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	DISLOCATION OF L ACROMIOCLAV JT, > 200% DISPLACMNT, INIT	Facility	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	PAIN IN RIGHT KNEE	Pain Management	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	PLANTAR FASCIAL FIBROMATOSIS	Pain Management	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	RECTOCELE	Facility	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF UNSP KNEE, INIT	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	STRAIN OF MUSC/FASC/TEND PRT BICEPS, LEFT ARM, INIT	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Facility	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
CONSTRUCT BOWEL BLADDER	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Other	Approved	1		0		0
CONSULT TO ORTHOPEDICS	M16.12 - Osteoarthritis of left hip	Orthopedic Surgery	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ACHILLES TENDINITIS, RIGHT LEG	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Ancillary	Approved	1		0		0

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CONT AIRWAY PRESSURE DEVICE	CALCIFIC TENDINITIS, OTHER SITE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	CALCULUS OF KIDNEY	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	CALCULUS OF URETER	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	CELLULITIS OF TRUNK, UNSPECIFIED	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	DILATED CARDIOMYOPATHY	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	11		0		0
CONT AIRWAY PRESSURE DEVICE	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	FAMILY HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	8		0		0
CONT AIRWAY PRESSURE DEVICE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	11		0		0
CONT AIRWAY PRESSURE DEVICE	HYPERTENSIVE URGENCY	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	MELENA	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	507		0		0
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	OTHER FORMS OF DYSPNEA	Ancillary	Approved	4		0		0
CONT AIRWAY PRESSURE DEVICE	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0

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CONT AIRWAY PRESSURE DEVICE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	PAIN IN RIGHT KNEE	Ancillary	Approved	3		0		0
CONT AIRWAY PRESSURE DEVICE	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	8		0		0
CONT AIRWAY PRESSURE DEVICE	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	SHORTNESS OF BREATH	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	6		0		0
CONT AIRWAY PRESSURE DEVICE	SLEEP DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	SNORING	Ancillary	Approved	5		0		0
CONT AIRWAY PRESSURE DEVICE	SOMNOLENCE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
CONT AIRWAY PRESSURE DEVICE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	3		0		0
CONT AIRWAY PRESSURE DEVICE	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	2		0		0
CONT AIRWAY PRESSURE DEVICE	UNSPECIFIED CONVULSIONS	Ancillary	Approved	1		0		0
CONT INTRAOP NEURO MONITOR	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Physical Medicine	Approved	1		0		0
CONT INTRAOP NEURO MONITOR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
CONT INTRAOP NEURO MONITOR	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
CONT INTRAOP NEURO MONITOR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
CONT PAS MOTION EXERCISE DEV	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	Ancillary	Approved	1		0		0
Continued Stay Criteria for Inpatient Rehabilitation/Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Approved	3
Continued Stay Criteria for Inpatient Rehabilitation/Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	3
Continued Stay Criteria for Inpatient Rehabilitation/Treatment	COCAINE DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	1
Continued Stay Criteria for Inpatient Rehabilitation/Treatment	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	1
Continued Stay Criteria for Inpatient Rehabilitation/Treatment	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	1
CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	Obstructive sleep apnea (adult) (pediatric)	Emergency Medicine		0		0	Approved	1
CONTOUR NEXT TEST STRIP		Endocrinology And Metabolism	Approved	2		0		0
CONTOUR NEXT TEST STRIP		Internal Medicine	Approved	1		0		0
CONTOUR NEXT TEST STRIP	PRE-EXISTING TYPE 2 DIABETES, IN PREGNANCY, SECOND TRIMESTER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT	Physician	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	20		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	2		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Approved	2		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	2		0		0

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CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	9		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Internal Medicine	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Internal Medicine	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	4		0		0
CONTOUR NEXT TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CONTOUR TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	5		0		0
CONTOUR TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	1		0		0
CONTOUR TEST STRIP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	2		0		0
CONTOUR TEST STRIP	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
CONTOUR TEST STRIP	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTOUR TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
CONTRAST X-RAY OF SHOULDER	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CONTRAVE ER 8-90 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Denied	2	Services are not medically necessary	2		0
CONTRAVE ER 8-90 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Physician	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	OBESITY, UNSPECIFIED	Family Medicine	Approved	1		0		0
CONTRAVE ER 8-90 MG TABLET	OBESITY, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
CONTRAVE ER 8-90 MG TABLET	OBESITY, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	OBESITY, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	OTHER OBESITY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	OTHER OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	OTHER OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Denied	2	Services are not medically necessary	2		0
CONTRAVE ER 8-90 MG TABLET	POLYPHAGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTROL OF NOSEBLEED	EPISTAXIS	Ancillary	Approved	1		0		0
CONTROL THROAT BLEEDING	POSTPROC HEMOR OF A RESP SYS ORG FOL A RESP SYS PROCEDURE	Ancillary	Approved	1		0		0
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
COPAXONE	Multiple sclerosis	Emergency Medicine		0		0	Denied	1
COPAXONE	Multiple sclerosis	Obstetrics/Gynecology		0		0	Approved	1
COPAXONE	Multiple sclerosis	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
COPAXONE	Multiple sclerosis	Pediatric Endocrinology		0		0	Denied	1
COPAXONE	Multiple sclerosis	Sleep Medicine		0		0	Approved	1
COPAXONE 20 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Denied	2	Services are not medically necessary	2		0
COPAXONE 40 MG/ML SYRINGE		Neurology	Denied	1	Services are not medically necessary	1		0
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Nephrology	Denied	1	Services are not medically necessary	1		0

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COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	14		0		0
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Denied	31	Services are not medically necessary	31		0
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Psychiatry	Approved	1		0		0
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
Coracoacromial ligament release, with or without acromioplasty	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Coracoacromial ligament release, with or without acromioplasty	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
CORDRAN 0.05% LOTION	DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
CORDRAN 4 MCG/SQ CM TAPE LARGE	HYPERTROPHIC SCAR	Dermatology	Denied	1	Services are not medically necessary	1		0
CORDRAN 4 MCG/SQ CM TAPE LARGE	LICHEN SIMPLEX CHRONICUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
CORDRAN 4 MCG/SQ CM TAPE LARGE	PAIN, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
CORDRAN 4 MCG/SQ CM TAPE LARGE	PSORIASIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
CORLANOR	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	Pediatric Neurology		0		0	Approved	1
CORLANOR	Paroxysmal tachycardia, unspecified	Pediatrics		0		0	Approved	1
CORLANOR	TACHYCARDIA, UNSPECIFIED	Physician		0		0	Approved	1
CORLANOR 5 MG TABLET		Cardiovascular Disease	Approved	1		0		0
CORLANOR 5 MG TABLET	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
CORLANOR 5 MG TABLET	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Physician Assistant	Approved	1		0		0
CORLANOR 5 MG TABLET	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Cardiovascular Disease	Approved	4		0		0
CORLANOR 5 MG TABLET	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Nurse Practitioner	Approved	1		0		0
CORLANOR 5 MG TABLET	DIASTOLIC (CONGESTIVE) HEART FAILURE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CORLANOR 5 MG TABLET	DILATED CARDIOMYOPATHY	Cardiovascular Disease	Approved	2		0		0
CORLANOR 5 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
CORLANOR 5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Cardiac Electrophysiology	Approved	1		0		0
CORLANOR 5 MG TABLET	PAROXYSMAL TACHYCARDIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CORLANOR 5 MG TABLET	STEMI INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY	Internal Medicine	Approved	1		0		0
CORLANOR 5 MG TABLET	SUPRAVENTRICULAR TACHYCARDIA	Cardiovascular Disease	Approved	1		0		0
CORLANOR 5 MG TABLET	SUPRAVENTRICULAR TACHYCARDIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CORLANOR 5 MG TABLET	TACHYCARDIA, UNSPECIFIED	Cardiac Electrophysiology	Approved	2		0		0
CORLANOR 5 MG TABLET	TACHYCARDIA, UNSPECIFIED	Cardiovascular Disease	Approved	3		0		0
CORLANOR 5 MG TABLET	TACHYCARDIA, UNSPECIFIED	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
CORLANOR 5 MG TABLET	TACHYCARDIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
Corlanor 7.5 MG	ORTHOSTATIC HYPOTENSION	Physician		0		0	Approved	1
CORLANOR 7.5 MG TABLET	CARDIOMYOPATHY, UNSPECIFIED	Family Medicine	Approved	1		0		0
CORLANOR 7.5 MG TABLET	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Cardiology, Interventional	Approved	1		0		0
CORLANOR 7.5 MG TABLET	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	Cardiac Electrophysiology	Denied	1	Services are not medically necessary	1		0
CORLANOR 7.5 MG TABLET	TACHYCARDIA, UNSPECIFIED	Cardiac Electrophysiology	Approved	1		0		0
CORNEAL TISSUE PROCESSING	CENTRAL CORNEAL OPACITY, LEFT EYE	AMBULATORY SURGERY CENTER	Approved	1		0		0
CORNEAL TRANSPLANT	CENTRAL CORNEAL OPACITY, LEFT EYE	AMBULATORY SURGERY CENTER	Approved	1		0		0
CORNEAL TRANSPLANT	KERATOCONUS, STABLE, RIGHT EYE	Ancillary	Denied	1	Services are not medically necessary	1		0
CORONARY ARTERY ANGIO S&I	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	3		0		0
CORONARY ARTERY ANGIO S&I	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	Facility	Approved	8		0		0
CORONARY ARTERY ANGIO S&I	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	Facility	Approved	5		0		0

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CORONARY ARTERY ANGIO S&I	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	ANGINA PECTORIS, UNSPECIFIED	Facility	Approved	3		0		0
CORONARY ARTERY ANGIO S&I	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	8		0		0
CORONARY ARTERY ANGIO S&I	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	CHEST PAIN, UNSPECIFIED	Facility	Approved	4		0		0
CORONARY ARTERY ANGIO S&I	CORONARY ANGIOPLASTY STATUS	Facility	Approved	3		0		0
CORONARY ARTERY ANGIO S&I	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	HEART DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	HYPERSOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	NONDISP FX OF DISTAL PHALANX OF RIGHT GREAT TOE, INIT	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	2		0		0
CORONARY ARTERY ANGIO S&I	OBESITY, UNSPECIFIED	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	5		0		0
CORONARY ARTERY ANGIO S&I	OLD MYOCARDIAL INFARCTION	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	OTHER ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	OTHER CHEST PAIN	Facility	Approved	4		0		0
CORONARY ARTERY ANGIO S&I	OTHER FORMS OF ANGINA PECTORIS	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	OTHER FORMS OF DYSPNEA	Facility	Approved	2		0		0
CORONARY ARTERY ANGIO S&I	PALPITATIONS	Facility	Approved	2		0		0
CORONARY ARTERY ANGIO S&I	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	POSTPROCEDURAL BULBOUS URETHRAL STRICTURE, MALE	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	SHORTNESS OF BREATH	Facility	Approved	3		0		0
CORONARY ARTERY ANGIO S&I	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	2		0		0
CORONARY ARTERY ANGIO S&I	UNSPECIFIED PTERYGIUM OF LEFT EYE	Facility	Approved	1		0		0
CORONARY ARTERY ANGIO S&I	WEAKNESS	Facility	Approved	1		0		0
CORONARY ARTERY BYPASS/REOP	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
CORRECT MALROTATION OF BOWEL	APPARENT LIFE THREATENING EVENT IN INFANT (ALTE)	Facility	Approved	1		0		0
CORRECT MALROTATION OF BOWEL	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Internal Medicine	Approved	1		0		0
CORRECT RECTAL PROLAPSE	OTHER HEMORRHOIDS	Ancillary	Approved	1		0		0
CORRECT SKN COLOR 6.1-20.0CM	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Ancillary	Approved	1		0		0
CORRECT SKN COLOR 6.1-20.0CM	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Family Medicine	Approved	1		0		0
CORRECT SKN COLOR 6.1-20.0CM	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	1		0		0
CORRECTION HALLUX VALGUS	BUNION OF LEFT FOOT	Ancillary	Approved	5		0		0
CORRECTION HALLUX VALGUS	BUNION OF RIGHT FOOT	Ancillary	Approved	5		0		0
CORRECTION HALLUX VALGUS	BUNION OF UNSPECIFIED FOOT	Ancillary	Approved	1		0		0
CORRECTION HALLUX VALGUS	GANGLION, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), LEFT FOOT	Ancillary	Approved	1		0		0

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CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	Ancillary	Approved	6		0		0
CORRECTION HALLUX VALGUS	PAIN IN RIGHT FOOT	Ancillary	Approved	3		0		0
CORRECTION HALLUX VALGUS	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
CORRECTION HALLUX VALGUS	POLYP OF COLON	Ancillary	Approved	1		0		0
CORRECTION HALLUX VALGUS	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
CORRJ HALUX RIGDUS W/IMPLT	HALLUX RIGIDUS, RIGHT FOOT	Ancillary	Approved	2		0		0
CORRJ HALUX RIGDUS W/IMPLT	UNSPECIFIED ACQUIRED DEFORMITY OF UNSPECIFIED LOWER LEG	Ancillary	Approved	1		0		0
CORRJ HALUX RIGDUS W/O IMPLT	PAIN IN LEFT TOE(S)	Ancillary	Approved	1		0		0
CORTICOTROPIN INJECTION	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
CORTICOTROPIN INJECTION	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CORTICOTROPIN INJECTION	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CORTICOTROPIN INJECTION	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Ancillary	Approved	1		0		0
CORTICOTROPIN INJECTION	NEPHROTIC SYNDROME W DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
CORTICOTROPIN INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Ancillary	Approved	2		0		0
CORTICOTROPIN INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Ancillary	Denied	1	Services are not medically necessary	1		0
CORTICOTROPIN INJECTION	POLYMYOSITIS WITH MYOPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
CORTICOTROPIN INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
COSENTYX	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Dermatology		0		0	Approved	1
COSENTYX	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine		0		0	Denied	1
COSENTYX	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Surgery, Orthopedic		0		0	Approved	1
COSENTYX	PSORIASIS VULGARIS	Dermatology		0		0	Approved	1
COSENTYX	PSORIASIS VULGARIS	Family Medicine		0		0	Denied	1
COSENTYX	PSORIASIS VULGARIS	Internal Medicine		0		0	Denied	3
COSENTYX	Psoriasis vulgaris	Physician		0		0	Denied	2
COSENTYX	Psoriasis vulgaris	Physician Assistant		0		0	Approved	1
COSENTYX 150 MG/ML PEN INJECT	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	3		0		0
COSENTYX 150 MG/ML PEN INJECT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	9		0		0
COSENTYX 150 MG/ML PEN INJECT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 150 MG/ML PEN INJECT	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	2		0		0
COSENTYX 150 MG/ML PEN INJECT	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 150 MG/ML PEN INJECT	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
COSENTYX 150 MG/ML PEN INJECT	PSORIASIS VULGARIS	Nurse Practitioner	Approved	1		0		0
COSENTYX 150 MG/ML PEN INJECT	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML PEN INJECT	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
COSENTYX 150 MG/ML SYRINGE		Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML SYRINGE	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML SYRINGE	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 150 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML SYRINGE	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS		Surgery, Orthopedic	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Internal Medicine	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	2		0		0
COSENTYX 300 MG DOSE-2 PENS	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS	ARTHROPATHIC PSORIASIS	Rheumatology	Approved	1		0		0

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COSENTYX 300 MG DOSE-2 PENS	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
COSENTYX 300 MG DOSE-2 PENS	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	OTHER PSORIATIC ARTHROPATHY	Dermatology	Approved	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS	OTHER PSORIATIC ARTHROPATHY	Internal Medicine	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Dermatology	Approved	40		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Dermatology	Denied	7	Services are not medically necessary	7		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Infectious Disease	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Nurse Practitioner	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Physician	Approved	3		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Physician Assistant	Approved	3		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Rheumatology	Approved	2		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS, UNSPECIFIED	Dermatology	Approved	2		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	REITER'S DISEASE, UNSPECIFIED SITE	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 SYRINGE	ARTHROPATHIC PSORIASIS	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	3		0		0
COSENTYX 300 MG DOSE-2 SYRINGE	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
COSYNTROPIN (CORTROSYN) 0.25 MG; IV INJ, SINGLE OR INI SUBSTANCE/DRUG	E23.0 - Hypopituitarism; R62.52 - Short stature (child)	Pediatrics	Approved	1		0		0
COTEMPLA	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Counseling		0		0	Approved	1
COTEMPLA XR-ODT 17.3 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
COTEMPLA XR-ODT 17.3 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
COTEMPLA XR-ODT 17.3 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
COTEMPLA XR-ODT 17.3 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Denied	2	Services are not medically necessary	2		0
COTEMPLA XR-ODT 17.3 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
COTEMPLA XR-ODT 17.3 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
COTEMPLA XR-ODT 17.3 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Nurse Practitioner	Approved	1		0		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	3		0		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0

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COTEMPLA XR-ODT 25.9 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	2		0		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
COTEMPLA XR-ODT 25.9 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
COTEMPLA XR-ODT 25.9 MG TABLET	AUTISTIC DISORDER	Pediatrics	Approved	1		0		0
COTEMPLA XR-ODT 8.6 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
COTEMPLA XR-ODT 8.6 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
COUGH STIMULATING DEVICE	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	2	Services are not medically necessary	2		0
COZAAR 25 MG TABLET		Internal Medicine	Approved	1		0		0
CPAP FULL FACE MASK	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ACHILLES TENDINITIS, RIGHT LEG	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ACUTE APPENDICITIS WITH PERF AND LOC PERITONITIS, W/O ABSCS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ACUTE RESPIRATORY DISTRESS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ANOGENITAL (VENEREAL) WARTS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ATELECTASIS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ATRIOVENTRICULAR BLOCK, COMPLETE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	BENIGN NEOPLASM OF PARATHYROID GLAND	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	BRONCHIECTASIS, UNCOMPLICATED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	CALCULUS OF KIDNEY	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	CALCULUS OF URETER	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	4		0		0
CPAP FULL FACE MASK	CHRONIC CHOLECYSTITIS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	COMPLETE TRAUMATIC AMPUTATION OF R LOW LEG, LEVEL UNSP, INIT	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), RIGHT HAND	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	CYST OF PANCREAS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	DIARRHEA, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Ancillary	Approved	1		0		0

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CPAP FULL FACE MASK	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	DIZZINESS AND GIDDINESS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	12		0		0
CPAP FULL FACE MASK	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	7		0		0
CPAP FULL FACE MASK	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	13		0		0
CPAP FULL FACE MASK	HYPERTROPHY OF BREAST	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	INSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	LOCALIZED ENLARGED LYMPH NODES	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	6		0		0
CPAP FULL FACE MASK	MUCOPURULENT CHRONIC BRONCHITIS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	NASAL POLYP, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	658		0		0
CPAP FULL FACE MASK	OTH EXTRARTIC FX LOW END R RAD, 7THD	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTH INJURIES OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNT	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER ENTHESTOPATHIES, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER FECAL ABNORMALITIES	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER FORMS OF DYSPNEA	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER INSTABILITY, LEFT KNEE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER MALAISE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER OVARIAN CYST, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0

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CPAP FULL FACE MASK	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	3		0		0
CPAP FULL FACE MASK	OTHER SLEEP APNEA	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	OVERACTIVE BLADDER	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PAIN IN RIGHT KNEE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PAROXYSMAL ATRIAL FIBRILLATION	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	15		0		0
CPAP FULL FACE MASK	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	POLYP OF COLON	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	POSTMENOPAUSAL BLEEDING	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PRIMARY CENTRAL SLEEP APNEA	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	PUCKERING OF MACULA, RIGHT EYE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PULMONARY FIBROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	RETINAL DETACHMENT WITH MULTIPLE BREAKS, RIGHT EYE	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	SNORING	Ancillary	Approved	13		0		0
CPAP FULL FACE MASK	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	TORUS FX LOWER END OF LEFT RADIUS, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	3		0		0
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	2		0		0
CPAP FULL FACE MASK	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	UNSPECIFIED ATRIAL FLUTTER	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0

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CPAP FULL FACE MASK	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
CPAP FULL FACE MASK	VENTRICULAR PREMATURE DEPOLARIZATION	Ancillary	Approved	1		0		0
CPM DEVICE, OTHER THAN KNEE	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	Ancillary	Approved	1		0		0
CPTR OPHTH DX IMG POST SEGMENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	3		0		0
CPTR OPHTH DX IMG POST SEGMENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	2		0		0
CPTR-ASST DIR MS PX	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
CPTR-ASST DIR MS PX	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
CPTR-ASST DIR MS PX	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
CRANIAL PROSTHESIS	C56.1 - Malignant neoplasm of right ovary	Hematology/Oncology	Approved	1		0		0
CRANIAL PROSTHESIS	MALIGNANT NEOPLASM OF RIGHT OVARY	Ancillary	Approved	2		0		0
CRANIAL REMOLDING ORTHOSIS	CONGENITAL CHORDEE	Ancillary	Approved	1		0		0
CRANIAL REMOLDING ORTHOSIS	CRANIOSYNOSTOSIS	Ancillary	Approved	8		0		0
CRANIAL REMOLDING ORTHOSIS	FEEDING DIFFICULTIES	Ancillary	Approved	1		0		0
CRANIAL REMOLDING ORTHOSIS	OTH ACUTE NONSUPPURATIVE OTITIS MEDIA, RECURRENT, BILATERAL	Ancillary	Approved	1		0		0
CRANIAL REMOLDING ORTHOSIS	PLAGIOCEPHALY	Ancillary	Approved	93		0		0
CRANIAL REMOLDING ORTHOSIS	PLAGIOCEPHALY	Ancillary	Denied	8	Services are not medically necessary	8		0
CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	CRANIOSYNOSTOSIS	Cardiovascular Disease		0		0	Approved	1
CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	PLAGIOCEPHALY	Emergency Medicine		0		0	Approved	1
CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	Plagiocephaly	Emergency Medicine		0		0	Denied	1
CRANIOFACIAL APPROACH SKULL	PRIMARY HYPERPARATHYROIDISM	Facility	Approved	1		0		0
C-REACTIVE PROTEIN	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
CREATE EARDRUM OPENING	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	ACUTE SUPPR OTITIS MEDIA W SPON RUPT EAR DRUM, RECURRENT, BI	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	ACUTE SUPPR OTITIS MEDIA W/O SPON RUPT EAR DRUM, RECUR, BI	Ancillary	Approved	16		0		0
CREATE EARDRUM OPENING	CHRONIC SEROUS OTITIS MEDIA, BILATERAL	Ancillary	Approved	8		0		0
CREATE EARDRUM OPENING	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, BILATERAL	Ancillary	Approved	11		0		0
CREATE EARDRUM OPENING	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, BILATERAL	Facility	Approved	1		0		0
CREATE EARDRUM OPENING	COMPLEX FEBRILE CONVULSIONS	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	CONDUCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	CONGENITAL HYPOTONIA	Facility	Approved	1		0		0
CREATE EARDRUM OPENING	DEHYDRATION	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	OTH ACUTE NONSUPPURATIVE OTITIS MEDIA, RECURRENT, BILATERAL	Ancillary	Approved	2		0		0
CREATE EARDRUM OPENING	OTH ACUTE NONSUPPURATIVE OTITIS MEDIA, RECURRENT, BILATERAL	Facility	Approved	1		0		0

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CREATE EARDRUM OPENING	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, LEFT EAR	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, BILATERAL	Ancillary	Approved	8		0		0
CREATE EARDRUM OPENING	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, LEFT EAR	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, BILATERAL	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Ancillary	Approved	9		0		0
CREATE EARDRUM OPENING	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	OTITIS MEDIA, UNSPECIFIED, BILATERAL	Ancillary	Approved	5		0		0
CREATE EARDRUM OPENING	OTITIS MEDIA, UNSPECIFIED, RIGHT EAR	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	Ancillary	Approved	2		0		0
CREATE EARDRUM OPENING	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	Facility	Approved	1		0		0
CREATE EARDRUM OPENING	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	1		0		0
CREATE EARDRUM OPENING	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, LEFT EAR	Ancillary	Approved	1		0		0
CREATE EARDRUM OPENING	VENTRICULAR SEPTAL DEFECT	Ancillary	Approved	1		0		0
CREATE TEAR SAC DRAIN	ACQUIRED STENOSIS OF LEFT NASOLACRIMAL DUCT	Facility	Approved	1		0		0
CREATE TEAR SAC DRAIN	ACQUIRED STENOSIS OF RIGHT NASOLACRIMAL DUCT	Facility	Approved	1		0		0
CREATE TEAR SAC DRAIN	NEONATAL OBSTRUCTION OF RIGHT NASOLACRIMAL DUCT	Facility	Approved	1		0		0
CREATE TEAR SAC DRAIN; ANCILLARY ANESTHESIOLOGIST	H04.531 - Neonatal obstruction of right nasolacrimal duct	Ophthalmology	Approved	1		0		0
CREON DR 12,000 UNITS CAPSULE	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	ACQUIRED TOTAL ABSENCE OF PANCREAS	Pediatric Gastroenterology	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Pulmonary Disease	Approved	2		0		0
CREON DR 24,000 UNITS CAPSULE	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	END STAGE RENAL DISEASE	Internal Medicine	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Pulmonary Disease	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Surgery, General	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
CREON DR 36,000 UNITS CAPSULE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Hematology	Approved	1		0		0
CREON DR 36,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Family Medicine	Approved	1		0		0
CREON DR 36,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Gastroenterology	Approved	2		0		0
CREON DR 36,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Internal Medicine	Approved	1		0		0
CREON DR 36,000 UNITS CAPSULE	OTHER CHRONIC PANCREATITIS	Gastroenterology	Approved	3		0		0
CRESEMBA 186 MG CAPSULE		Internal Medicine	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	ACUTE MYELOID LEUKEMIA W MULTILIN DYSPLASIA, IN REMISSION	Oncology	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	ASPERGILLOSIS, UNSPECIFIED	Hematology	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	ASPERGILLOSIS, UNSPECIFIED	Infectious Disease	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	ASPERGILLOSIS, UNSPECIFIED	Internal Medicine	Approved	2		0		0
CRESEMBA 186 MG CAPSULE	BONE MARROW TRANSPLANT STATUS	Nurse Practitioner	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	HEART TRANSPLANT STATUS	Cardiovascular Disease	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	INVASIVE PULMONARY ASPERGILLOSIS	Infectious Disease	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	OTHER PULMONARY ASPERGILLOSIS	Infectious Disease	Approved	1		0		0

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CRESTOR 10 MG TABLET	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE	Family Medicine	Approved	1		0		0
CRESTOR 10 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
CRESTOR 10 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
CRESTOR 10 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	1		0		0
CRESTOR 10 MG TABLET	PURE HYPERCHOLESTEROLEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CRESTOR 20 MG TABLET	FAMILIAL HYPERCHOLESTEROLEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CRESTOR 20 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
CRESTOR 20 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	1		0		0
CRESTOR 20 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	1		0		0
CRESTOR 20 MG TABLET	MIXED HYPERLIPIDEMIA	Physician	Denied	1	Services are not medically necessary	1		0
CRESTOR 20 MG TABLET	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CRESTOR 40 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CRESTOR 40 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CRESTOR 5 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CRESTOR 5 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
CRINONE 8% GEL	SUPRVSN OF PREG W HISTORY OF INFERTILITY, FIRST TRIMESTER	Reproductive Endocrinology/Infertility	Approved	1		0		0
CRINONE 8% GEL	UNSP MTRCY RIDER INJURED IN NONCLSN TRNSP ACCIDENT IN TRAF	Maternal And Fetal Medicine	Approved	1		0		0
CRUTCH SUBSTITUTE	ACUTE PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	COMPLETE TRAUMATIC AMPUTATION OF LEFT GREAT TOE, INIT ENCNTR	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	DISPLACED BIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	NONDISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	NONDISPLACED OBLIQUE FRACTURE OF SHAFT OF RIGHT TIBIA, INIT	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	STRAIN OF UNSPECIFIED ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
CRUTCH SUBSTITUTE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
CRUTCH SUBSTITUTE	UNSPECIFIED ACQUIRED DEFORMITY OF LEFT LOWER LEG	Ancillary	Approved	1		0		0
CRYOPRESERVE STEM CELLS	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CSTB GENE FULL GENE SEQUENCE	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
CSTB GENE FULL GENE SEQUENCE	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
CSTB GENE FULL GENE SEQUENCE	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
CSTB GENE FULL GENE SEQUENCE	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
CSTB GENE FULL GENE SEQUENCE	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
CSTB GENE FULL GENE SEQUENCE	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
CT ABD & PELV 1/> REGNS	ASYMPTOMATIC MICROSCOPIC HEMATURIA	Urology	Approved	1		0		0
CT ABD & PELV 1/> REGNS	FLUID OVERLOAD, UNSPECIFIED	Facility	Approved	1		0		0
CT ABD & PELV 1/> REGNS	GENERALIZED ABDOMINAL PAIN	HOSPITAL	Approved	1		0		0
CT ABD & PELV 1/> REGNS	GROSS HEMATURIA	Ancillary	Approved	1		0		0
CT ABD & PELV 1/> REGNS	GROSS HEMATURIA	HOSPITAL	Approved	2		0		0
CT ABD & PELV 1/> REGNS	HEMATURIA, UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT ABD & PELV 1/> REGNS	LEFT UPPER QUADRANT PAIN	HOSPITAL	Approved	1		0		0

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CT ABD & PELV 1/> REGNS	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
CT ABD & PELV 1/> REGNS	RIGHT LOWER QUADRANT PAIN	Facility	Approved	1		0		0
CT ABD & PELV 1/> REGNS	TRAUM SUBRAC HEM W LOC OF UNSP DURATION, INIT	Ancillary	Approved	1		0		0
CT ABD & PELV 1/> REGNS	UNSPECIFIED ABDOMINAL PAIN	Social Work	Approved	1		0		0
CT ABD & PELV W/CONTRAST	ABDOMINAL DISTENSION (GASEOUS)	HOSPITAL	Approved	1		0		0
CT ABD & PELV W/CONTRAST	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	HOSPITAL	Approved	1		0		0
CT ABD & PELV W/CONTRAST	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
CT ABD & PELV W/CONTRAST	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Family Medicine	Approved	1		0		0
CT ABD & PELV W/CONTRAST	EPIGASTRIC PAIN	HOSPITAL	Approved	1		0		0
CT ABD & PELV W/CONTRAST	LOWER ABDOMINAL PAIN, UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT ABD & PELV W/CONTRAST	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
CT ABD & PELV W/CONTRAST	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	FAMILY MEDICINE	Approved	1		0		0
CT ABD & PELV W/CONTRAST	MALIGNANT NEOPLASM OF APPENDIX	HOSPITAL	Approved	1		0		0
CT ABD & PELV W/CONTRAST	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Physician Assistant	Approved	1		0		0
CT ABD & PELV W/CONTRAST	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA, BRONCHUS AND LUNG	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CT ABD & PELV W/CONTRAST	OTHER SPECIFIED COAGULATION DEFECTS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CT ABD & PELV W/CONTRAST	RIGHT LOWER QUADRANT PAIN	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CT ABD & PELV W/CONTRAST	UNILATERAL INGUINAL HERNIA, W/O OBST OR GANGRENE, RECURRENT	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CT ABD & PELV W/CONTRAST	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	CALCULUS OF KIDNEY	UROLOGY	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	CALCULUS OF URETER	Facility	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	CALCULUS OF URETER	HOSPITAL	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	GENERALIZED ABDOMINAL PAIN	RADIOLOGY	Approved	3		0		0
CT ABD & PELVIS W/O CONTRAST	GROSS HEMATURIA	RADIOLOGY	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Facility	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	UNSPECIFIED ABDOMINAL PAIN	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
CT ABDOMEN & PELVIS W CONTRAST	C56.2 - Malignant neoplasm of left ovary	OB/Gyn	Approved	1		0		0
CT ABDOMEN W/DYE	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	RADIOLOGY	Approved	1		0		0
CT ABDOMEN W/DYE	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	RADIOLOGY	Approved	1		0		0
CT ABDOMEN W/DYE	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HOSPITAL	Approved	3		0		0
CT ABDOMEN W/DYE	OTHER SPECIFIED DISEASES OF LIVER	RADIOLOGY	Approved	1		0		0
CT ABDOMEN W/DYE	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	HOSPITAL	Approved	3		0		0
CT ABDOMEN W/DYE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	HOSPITAL	Approved	1		0		0
CT ABDOMEN W/O DYE	NONALCOHOLIC STEATOHEPATITIS (NASH)	RADIOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABDOMINAL TENDERNESS UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0

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CT ABDOMEN; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	SURGERY-TRAUMA	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	ACTIVATED PROTEIN C RESISTANCE	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ACUTE ABDOMEN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ACUTE EMBOLISM & THROMBOSIS OTHER SPEC VEINS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	ACUTE GASTRIC ULCER WITH PERFORATION	SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ALCOHOL-INDUCED CHRONIC PANCREATITIS	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ATYP SQ CELL CANNOT EXCLUD HGSL CYTOL SMER ANUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	BENIGN NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	BENIGN NEOPLASM OF LIVER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	OTHER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	CHEST PAIN UNSPECIFIED	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; with contrast material(s)	CHEST PAIN UNSPECIFIED	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	CHRONIC LYMPHOCYTIC LEUKEMIA B-CELL TYPE RELAPSE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CYST OF KIDNEY ACQUIRED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CYST OF KIDNEY ACQUIRED	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	CYST OF KIDNEY ACQUIRED	UROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DISEASE OF GALLBLADDER UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	SURGERY-TRAUMA	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DISEASE OF STOMACH AND DUODENUM UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DISORDER OF BONE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	SURGERY-GENERAL	Approved	1		0		0

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CT ABDOMEN; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DORSALGIA UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DORSALGIA UNSPECIFIED	PEDIATRICS	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DYSPHAGIA UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	EDEMA UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	6		0		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC SWELLING MASS OR LUMP	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC SWELLING MASS OR LUMP	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	4		0		0
CT ABDOMEN; with contrast material(s)	FEVER UNSPECIFIED	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	OTHER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ACUTE PERITONITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	GROSS HEMATURIA	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GROSS HEMATURIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	HEMANGIOMA OF OTHER SITES	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	HEMANGIOMA OF OTHER SITES	VASCULAR SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	HEMOPTYSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	HEMORRHAGIC CONDITION UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	Idiopathic acute pancreatitis with infected necrosis	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	INFARCTION OF SPLEEN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	INFECTIOUS MONONUCLEOSIS UNS W/O COMPLICATION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LEFT LOWER QUADRANT PAIN	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	4		0		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	3		0		0

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CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	OTHER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	UROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LIVER DISEASE UNSPECIFIED	PSYCHIATRY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	LUQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LUQ ABDOMINAL SWELLING MASS & LUMP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	LUQ ABDOMINAL SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	3		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	5		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM MEDULLA UNS ADRENAL GLAND	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	SURGERY-GENERAL	Approved	1		0		0

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CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF URINARY ORGAN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HOSPITAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	OTHER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	4		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Approved	3		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MELENA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MELENA	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; with contrast material(s)	NEOPLASM UNCERTAIN BEHAVIOR OF SMALL INTESTINE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTHER CHEST PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	OTHER CHRONIC PANCREATITIS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; with contrast material(s)	OTHER COMPLICATIONS OF PROCEDURES NEC SEQUELA	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER IRON DEFICIENCY ANEMIAS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	PERIUMBILIC SWELLING MASS OR LUMP	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERIUMBILICAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERIUMBILICAL PAIN	HOSPITAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT ABDOMEN; with contrast material(s)	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERSONAL HX OTH HEALED PHYSICAL INJURY & TRAUMA	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	POLYP OF STOMACH AND DUODENUM	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PSEUDOCYST OF PANCREAS	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	EMERGENCY MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	4		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RUQ ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RUQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	SECONDARY POLYCYTHEMIA	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	SOLITARY PULMONARY NODULE	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0

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CT ABDOMEN; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	THROMBOCYTOPENIA UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	TOXIC LIVER DISEASE WITH CHOLESTASIS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	Unknown	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	Unknown	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	Unknown	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	Unknown	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	Unknown	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	Unknown	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNS OPEN WND ABD WALL RUQ NO PEN PERITN CAV INIT	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	9		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	4		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GENERAL SURGERY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	3		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	OTHER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	3		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
CT ABDOMEN; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	VOMITING UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	ABDOMINAL RIGIDITY UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	ADRENOMEDULLARY HYPERFUNCTION	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	ANEURYSM OF UNSPECIFIED SITE	CARDIOLOGIST	Approved	1		0		0
CT ABDOMEN; without contrast material	ATROPHY OF KIDNEY TERMINAL	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	OTHER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Approved	1		0		0

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CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY	NEPHROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	CHOLESTEROSIS OF GALLBLADDER	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT ABDOMEN; without contrast material	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	HEPATOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	CONSTIPATION UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material	CYST OF KIDNEY ACQUIRED	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	CYST OF PANCREAS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	DISEASE OF PANCREAS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	DISORDER OF KIDNEY AND URETER UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	DYSPHAGIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT ABDOMEN; without contrast material	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	EPIGASTRIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	EPIGASTRIC PAIN	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; without contrast material	EPIGASTRIC SWELLING MASS OR LUMP	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	ESSENTIAL PRIMARY HYPERTENSION	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	ESSENTIAL PRIMARY HYPERTENSION	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	GROSS HEMATURIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT ABDOMEN; without contrast material	HEMATOMA OF OBSTETRIC WOUND	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	HEPATOMEGALY WITH SPLENOMEGALY NEC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	LIVER TRANSPLANT STATUS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT ABDOMEN; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	CHIROPRACTOR	Approved	1		0		0

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CT ABDOMEN; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT CARCINOID TUMOR OF THE STOMACH	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	NAUSEA WITH VOMITING UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	NONSPECIFIC MESENTERIC LYMPHADENITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material	OTH NON-FOLLICULAR LYMPHOMA NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	OTHER CHEST PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	OTHER CHRONIC PAIN	NEPHROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	OTHER OVARIAN DYSFUNCTION	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	OTHER SPECIFIED MONONEUROPATHIES LT LOWER LIMB	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	PAIN IN THORACIC SPINE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	PERITONEAL ABSCESS	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	PERSON INJURED UNS MOTOR-VEH ACC TRAF SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	Other	Approved	1		0		0
CT ABDOMEN; without contrast material	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	POLYCYSTIC OVARIAN SYNDROME	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	RIGHT LOWER QUADRANT PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	RIGHT LOWER QUADRANT PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	5		0		0
CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; without contrast material	SUPERFICIAL THROMBOPHLEBITIS IN THE PUERPERIUM	OTHER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material	Unknown	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	3		0		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	OTHER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UNSPECIFIED ACUTE APPENDICITIS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UNSPECIFIED JAUNDICE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABDOMINAL DISTENSION GASEOUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	HEPATOLOGY	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL IMMUNOLOGICAL FINDING IN SERUM UNS	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS FUNCTION STUDIES OTH ORGN & SYS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS OF KIDNEY FUNCTION STUDIES	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	HEPATOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL RESULTS OTH ENDOCRINE FUNCTION STUDIES	ENDOCRINOLOGY	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL WEIGHT GAIN	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMALITY OF ALPHAFETOPROTEIN	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMALITY OF ALPHAFETOPROTEIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Acute (reversible) ischemia of small intestine, extent unspecified	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	CARDIOLOGIST	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ACUTE EMBOLISM & THROMBOSIS OTHER SPEC VEINS	SURGERY-GENERAL	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	HOSPITAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ALCOHOL-INDUCED CHRONIC PANCREATITIS	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ANDROGEN EXCESS	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ANDROGEN EXCESS	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ANEURYSM OF RENAL ARTERY	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	AORTIC ECTASIA UNSPECIFIED SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ATHEROSCLEROSIS OF RENAL ARTERY	CARDIOLOGIST	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ATROPHY OF KIDNEY TERMINAL	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN LIPOMATOUS NEOPLASM INTRA-ABDOMINAL ORGAN	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN LIPOMATOUS NEOPLASM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF LEFT KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF LIVER	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF RIGHT KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	OTHER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Biliary acute pancreatitis with uninfected necrosis	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BUDD-CHIARI SYNDROME	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CALCULUS OF KIDNEY	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHOLESTEROSIS OF GALLBLADDER	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHOLESTEROSIS OF GALLBLADDER	INTERNAL MEDICINE	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC KIDNEY DISEASE STAGE 2 MILD	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	HEPATOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS C	HEPATOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS C	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS C	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CONTUSION UNS PART PANCREAS INITIAL ENCOUNTER	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	COUGH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	COUGH	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	COUGH	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYCLICAL VOMITING NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	5		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	NEPHROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	UROLOGY	Approved	12		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF PANCREAS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF PANCREAS	GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF PANCREAS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF PANCREAS	OTHER	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYSTIC DISEASE OF LIVER	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISEASE OF GALLBLADDER UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISEASE OF PANCREAS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF KIDNEY AND URETER UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF KIDNEY AND URETER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF KIDNEY AND URETER UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF KIDNEY AND URETER UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF KIDNEY AND URETER UNSPECIFIED	RHEUMATOLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF KIDNEY AND URETER UNSPECIFIED	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDERS OF DIAPHRAGM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EARLY SATIETY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ENDOCRINE DISORDER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC SWELLING MASS OR LUMP	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ESSENTIAL PRIMARY HYPERTENSION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EXTRAMEDLLARY PLASMACYTOMA NOT ACHIEVE REMISSION	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	NURSE PRACTITIONER	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FUNCTIONAL DYSPEPSIA	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	OTHER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GROSS HEMATURIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GROSS HEMATURIA	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GROSS HEMATURIA	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEMATURIA UNSPECIFIED	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GENERAL PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEPATOMEGALY WITH SPLENOMEGALY NEC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HEREDITARY HEMOCHROMATOSIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HYPERALDOSTERONISM UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HYPERLIPIDEMIA UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	PLASTIC SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	4		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LEFT UPPER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER CELL CARCINOMA	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER CELL CARCINOMA	HOSPITAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER CELL CARCINOMA	INTERNAL MEDICINE	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	5		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LUQ ABDOMINAL SWELLING MASS & LUMP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	RADIOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	SURGERY-NEUROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF RIGHT URETER	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF UNSPECIFIED URETER	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	OTHER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	RADIOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Approved	6		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	2	Services are not medically necessary	2		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS PART RIGHT ADRENAL GLAND	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MINOR CONTUSION UNS KIDNEY INITIAL ENCOUNTER	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR LT ADRENAL GLAND	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR LT RENAL PELVIS	NEUROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR RT ADRENAL GLAND	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR UNS ADRENAL GLAND	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR UNS ADRENAL GLAND	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR UNS KIDNEY	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NONALCOHOLIC STEATOHEPATITIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NONSPECIFIC MESENTERIC LYMPHADENITIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OBESITY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH POSTPROC COMP & DISORDERS DIGESTIVE SYSTEM	SURGERY-GENERAL	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER CHRONIC PANCREATITIS	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER CHRONIC PANCREATITIS	SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER COMPLICATIONS PROC NEC INITIAL ENCOUNTER	OTHER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER DISEASES OF STOMACH AND DUODENUM	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER HEMOCHROMATOSIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER IRON DEFICIENCY ANEMIAS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER OVARIAN DYSFUNCTION	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF BILIARY TRACT	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	HOSPITAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	9		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	OTHER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Physician	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	12		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED HYPOTHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PERIUMBILIC SWELLING MASS OR LUMP	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PERIUMBILICAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PERIUMBILICAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PERSONAL HISTORY OTHER DISEASES DIGESTIVE SYSTEM	SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	POLYCYSTIC KIDNEY ADULT TYPE	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	POLYCYSTIC KIDNEY ADULT TYPE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	POLYCYSTIC OVARIAN SYNDROME	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	EMERGENCY MEDICINE	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RUQ ABDOMINAL SWELLING MASS & LUMP	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	SACROILIITIS NOT ELSEWHERE CLASSIFIED	DIABETES & METABOLISM	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	SECONDARY POLYCYTHEMIA	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	SIDEROPENIC DYSPHAGIA	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	STRAIN RT QUAD MUSCLE FASCIA TENDON INITIAL ENC	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	UROLOGY	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	UROLOGY	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	5		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	GENERAL SURGERY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	HOSPITAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	OTHER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	OTHER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED HYDRONEPHROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED JAUNDICE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UPPER ABDOMINAL PAIN UNSPECIFIED	OTHER	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	HAND SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
CT ANGIO ABDOM W/O & W/DYE	LIVER CELL CARCINOMA	Facility	Approved	1		0		0
CT ANGIO ABDOMINAL ARTERIES	HYPERLIPIDEMIA, UNSPECIFIED	Facility	Approved	1		0		0
CT ANGIO HRT W/3D IMAGE	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	HOSPITAL	Approved	1		0		0
CT ANGIO HRT W/3D IMAGE	BENIGN AND INNOCENT CARDIAC MURMURS	Facility	Approved	1		0		0
CT ANGIO HRT W/3D IMAGE	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	HOSPITAL	Approved	1		0		0
CT ANGIO HRT W/3D IMAGE	SHORTNESS OF BREATH	Ancillary	Denied	1	Services are not medically necessary	1		0
CT ANGIO LWR EXTR W/O&W/DYE; CT ANGIO LWR EXTR W/O&W/DYE	D89.811 - Chronic graft-versus-host disease; L97.211 - Non-pressure chronic ulcer of right calf limited to breakdown of skin; L97.221 - Non-pressure chronic ulcer of left calf limited to breakdown of skin	Anesthesiology	Approved	1		0		0
CT ANGIOGRAPHY CHEST	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
CT ANGIOGRAPHY HEAD	CEREBRAL ANEURYSM, NONRUPTURED	HOSPITAL	Approved	1		0		0
CT ANGIOGRAPHY HEAD	ENCNTR FOR EXAM FOR NRML CMPRSN AND CTRL IN CLNCL RSRCH PROG	Ancillary	Approved	1		0		0
CT ANGIOGRAPHY NECK	ENCNTR FOR EXAM FOR NRML CMPRSN AND CTRL IN CLNCL RSRCH PROG	Ancillary	Approved	1		0		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ASYMPTOMATIC MENOPAUSAL STATE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ASYMPTOMATIC MENOPAUSAL STATE	PEDIATRICS	Approved	1		0		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ASYMPTOMATIC MENOPAUSAL STATE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	FAMILY PRACTICE	Approved	1		0		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	OTHER	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	HYPOTHYROIDISM UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	LOW BACK PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0

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CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	INTERNAL MEDICINE	Approved	1		0		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	PEDIATRIC ENDOCRINOLOGIST	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	UNSPECIFIED MENOPAUSAL & PERIMENOPAUSAL DISORDER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; with contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; with contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; with contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; with contrast material	CERVICALGIA	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	CERVICALGIA	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Cervical Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	DORSALGIA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT Cervical Spine; with contrast material	ESTROGEN RECEPTOR POSITIVE STATUS	ONCOLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; with contrast material	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	RADIATION ONCOLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	MENINGITIS UNSPECIFIED	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ORTHOPEdic SURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; with contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	2		0		0
CT Cervical Spine; with contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Cervical Spine; with contrast material	OTHER SPECIFIED DISEASES OF SPINAL CORD	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Cervical Spine; with contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0

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CT Cervical Spine; with contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	5		0		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; with contrast material	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	SECONDARY MAL NEOPLASM LARGE INTESTINE & RECTUM	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	4		0		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	2		0		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	SPONDYLOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NURSE PRACTITIONER	Approved	1		0		0
CT Cervical Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	STIFFNESS OF LEFT SHOULDER NEC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	Unknown	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; with contrast material	Unknown	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; with contrast material	Unknown	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; without contrast material	ACUTE PAIN DUE TO TRAUMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	ANESTHESIA OF SKIN	OTHER	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	ARTHRODESIS STATUS	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	ARTHRODESIS STATUS	SURGERY-NEUROLOGY	Approved	2		0		0
CT Cervical Spine; without contrast material	CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT Cervical Spine; without contrast material	CERVICALGIA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	2		0		0

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CT Cervical Spine; without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	CERVICALGIA	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	CERVICALGIA	NEUROSURGERY	Approved	6		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	NEUROSURGERY	Denied	4	Services are not medically necessary	4		0
CT Cervical Spine; without contrast material	CERVICALGIA	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	PAIN MANAGEMENT	Approved	2		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	PEDIATRICS	Approved	1		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Approved	3		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	SURGERY-ORTHOPEdic	Approved	5		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Approved	1		0		0
CT Cervical Spine; without contrast material	CHRONIC PAIN SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	DORSALGIA UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; without contrast material	FLATBACK SYNDROME SITE UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	FRACTURE OF NECK UNSPECIFIED INITIAL ENCOUNTER	SURGERY-NEUROLOGY	Approved	2		0		0
CT Cervical Spine; without contrast material	FRACTURE OF NECK UNSPECIFIED INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; without contrast material	FUSION OF SPINE CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	FUSION OF SPINE CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; without contrast material	FUSION OF SPINE CERVICAL REGION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	LIMITED MANDIBULAR RANGE OF MOTION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Approved	1		0		0
CT Cervical Spine; without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; without contrast material	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	NEUROMUSCULAR SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; without contrast material	OSTEOMYELITIS UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH CERV DISC DISPLACEMENT HIGH CERVICAL REG	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ORTHOPEdic SURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	ANESTHESIOLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTH CONGEN MALFORM SPINE NOT ASSOC W/SCOLIOSIS	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH DSPL FX 7TH CERV VERT INITIAL ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTH NDSPLC FX 2ND CERV VERT INITIAL ENC CLOS FX	NEUROSURGERY	Approved	1		0		0

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CT Cervical Spine; without contrast material	OTH SPONDYLOS RADICULOPATH OCCIPITO-ATLANTO-AXIL	PAIN MANAGEMENT	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; without contrast material	OTHER CHRONIC PAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTHER SPECIFIED ARTHRITIS MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	4		0		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	POLYMYOSITIS WITH MYOPATHY	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	3		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	2		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	OTHER	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	7		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	3		0		0

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CT Cervical Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT Cervical Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	5		0		0
CT Cervical Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	SPINAL STENOSIS THORACIC REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	2		0		0
CT Cervical Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Cervical Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	STIFFNESS OF UNSPECIFIED JOINT NEC	HOSPITAL	Approved	1		0		0
CT Cervical Spine; without contrast material	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	TRAUMATIC RUPT CERVICAL INTERVERTEBRAL DISC INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	Unknown	CHIROPRACTOR	Approved	1		0		0
CT Cervical Spine; without contrast material	Unknown	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	Unknown	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	Unknown	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	Unknown	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; without contrast material	UNS DSPL FX 5TH CERVICAL VERTEBRA SUBSQT FX RTN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	UNS DSPL FX 6TH CERV VERT INITIAL ENC CLOS FX	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	UNS FRACTURE 1ST THOR VERT INIT ENC CLOS FX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	UNS NONDSPL FX 6TH CERV VERT SUBSQT ENC FX RTN	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	UNS OCCIPITAL CONDYLE FX SUB FX ROUTINE HEALING	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	UNS SEQUELAE UNSPECIFIED CEREBROVASCULAR DISEASE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	UNSPEC DISPLACED FX 2ND CERV VERT INIT CLOS FX	NEUROSURGERY	Approved	2		0		0
CT Cervical Spine; without contrast material	UNSPEC NONDISPLACED FX 2ND CERV VERT SUB FX RTN	NEUROSURGERY	Approved	2		0		0
CT Cervical Spine; without contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	BENIGN LIPOMATOUS NEO SKIN SUBQ HEAD FACE NECK	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	INTERNAL MEDICINE	Approved	2		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0

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CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	ESTROGEN RECEPTOR POSITIVE STATUS	ONCOLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	ESTROGEN RECEPTOR POSITIVE STATUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	FACIAL WEAKNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	QUADRIPLEGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	Spinal stenosis, lumbar region without neurogenic claud	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	SYRINGOMYELIA AND SYRINGOBULBIA	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED INJURY LOWER BACK SUBSEQUENT ENCNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL COAGULATION PROFILE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL WEIGHT LOSS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ABSCESS OF LUNG WITH PNEUMONIA	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ACHALASIA OF CARDIA	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ACQUIRED ABSENCE OF LUNG	PEDIATRIC PULMONOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ACTIVATED PROTEIN C RESISTANCE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ACUTE BRONCHITIS UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	ACUTE BRONCHITIS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ACUTE EMBO THROMB UNS DEEP VEINS LOW EXTREM BIL	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ACUTE EMBOLISM & THROMB RT INTERNAL JUGULAR VEIN	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ACUTE EMBOLISM & THROMBOSIS OF RIGHT TIBIAL VEIN	FAMILY PRACTICE	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	ACUTE EMBOLISM & THROMBOSIS OTHER SPEC VEINS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ACUTE PULMONARY EDEMA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ACUTE RECURRENT PANSINUSITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ACUTE SIALOADENITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ACUTE SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ALLERGIC RHINITIS DUE TO POLLEN	RADIATION THERAPY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ANAPLASTIC LCL EXTRANODAL & SOLID ORGAN SITES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ANEMIA IN CHRONIC KIDNEY DISEASE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ASPHYXIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ATELECTASIS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ATYP SQ CELL CANNOT EXCLUD HGSIL CYTOL SMER ANUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BANDEMIA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BASAL CELL CARCINOMA OF SKIN OF NOSE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN CARCINOID TUMORS OF OTHER SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM CNCTV & OTH SOFT TISSUE ABDOMEN	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF APPENDIX	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF CECUM	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF ESOPHAGUS	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF RIGHT BRONCHUS AND LUNG	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BRONCHIECTASIS UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BRONCHOPNEUMONIA UNSPECIFIED ORGANISM	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BRONCHOPNEUMONIA UNSPECIFIED ORGANISM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BRONCHOPNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CANDIDAL ESOPHAGITIS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CARCINOID SYNDROME	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CARCINOID SYNDROME	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CENTRILOBULAR EMPHYSEMA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CERVICALGIA	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN ON BREATHING	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN ON BREATHING	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	EMERGENCY MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHONDROCCOSTAL JUNCTION SYNDROME TIETZE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHONDROCCOSTAL JUNCTION SYNDROME TIETZE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHRONIC FATIGUE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	CHRONIC MYELOPROLIFERATIVE DISEASE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Denied	3	Services are not medically necessary	3		0

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CT CHEST (thorax); with contrast material(s)	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC PULMONARY EMBOLISM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHRONIC PULMONARY EMBOLISM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHRONIC VIRAL HEPATITIS C	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CLASSICAL HYDATIDIFORM MOLE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CONGENITAL CYSTIC LUNG	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CONGENITAL DIAPHRAGMATIC HERNIA	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CONTACT WITH AND EXPOSURE TO TUBERCULOSIS	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CONTACT WITH AND EXPOSURE TO TUBERCULOSIS	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	ALLERGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	COUGH	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	FAMILY PRACTICE	Approved	14		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	COUGH	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	COUGH	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	INTERNAL MEDICINE	Approved	7		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	COUGH	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	COUGH	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	PULMONARY DISEASES	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	COUGH	SURGERY-COLON/RECTAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CRYOGLOBULINEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CUTANEOUS ABSCESS OF LEFT AXILLA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIARRHEA UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DIARRHEA UNSPECIFIED	HOSPITAL	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE FOLLICLE CENTER LYMPHOMA NODES MX SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	Physician	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODES AX & UP LMB	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DISEASE OF INTESTINE UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DISEASE OF INTESTINE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	SURGERY-TRAUMA	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DISORDER OF BONE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DISORDER OF BONE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DISORDERS OF DIAPHRAGM	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DYSPHAGIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DYSPHAGIA UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DYSPHONIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY	Approved	2		0		0

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CT CHEST (thorax); with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	EMPHYSEMA UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENCEPHALITIS AND ENCEPHALOMYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENCEPHALITIS AND ENCEPHALOMYELITIS UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENCOUNTER SCREENING MALIGNANT NEOPLASM PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	EOSINOPHILIA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	EPIGASTRIC PAIN	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	FEVER UNSPECIFIED	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FEVER UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	FEVER UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GR IIIA EXTRANOD SOLID ORGN	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES AX & UP LIMB	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES AX & UP LIMB	ONCOLOGY	Denied	4	Services are not medically necessary	4		0

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CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES MULTI SITES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIA NODES MX SITE	PHYSICIAN ASSISTANT	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIB NODES AX UP LIMB	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNS LYM NODES HEAD FCE & NCK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC LYMPH NODES MX SITES	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	FUNCTIONAL DYSPEPSIA	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GASTRIC DIVERTICULUM	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ABDOMINAL PAIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	3		0		0

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CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED HYPERHIDROSIS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED HYPERHIDROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED HYPERHIDROSIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GOTTRON'S PAPULES	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HEADACHE	CHIROPRACTOR	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	HEMOPTYSIS	FAMILY PRACTICE	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	HEMOPTYSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HEMOPTYSIS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	HEMOPTYSIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HEMOPTYSIS	SURGERY-HEAD AND NECK	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HEREDITARY HEMOCHROMATOSIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	HIDRADENITIS SUPPURATIVA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNS EXTRANODAL SOLID ORGAN SITE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNS EXTRANODAL SOLID ORGAN SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HYPERTROPHY OF BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HYPOXEMIA	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ILLNESS UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GYNECOLOGY						
CT CHEST (thorax); with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	KAPOSIS SARCOMA OF SKIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LEFT UPPER QUADRANT PAIN	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LIVER CELL CARCINOMA	GASTROENTEROLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	LIVER CELL CARCINOMA	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	LIVER CELL CARCINOMA	HEPATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LIVER CELL CARCINOMA	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LIVER CELL CARCINOMA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LIVER CELL CARCINOMA	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LIVER DISEASE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	DENTIST-ORTHODONTURE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	VASCULAR SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOW BACK PAIN	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LUQ ABDOMINAL SWELLING MASS & LUMP	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LUQ ABDOMINAL SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOBLASTIC LYMPHOMA SPLEEN	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	NURSE PRACTITIONER	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	RADIATION ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NURSE PRACTITIONER	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RIGHT MALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	7		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT UP LIMB W/SHLDR	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT UP LIMB W/SHLDR	RADIOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS RT UP LIMB W/SHLDR	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	RADIATION THERAPY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	19		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are experimental/investigational	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	11	Services are not medically necessary	11		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	10		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR LG INTESTINE UNS PRTN	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE CECUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE CECUM	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE STOMACH	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE STOMACH	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	Malignant mast cell neoplasm, unspecified	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	RADIATION ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA UNS LOWER LIMB INCLUDING HIP	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONN & SOFT TISS TRUNK UNS	ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONN & SOFT TISS TRUNK UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HOSPITAL	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	21		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	15	Services are not medically necessary	15		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PHYSICIAN ASSISTANT	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PLASTIC SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	13		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	8		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	16		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY-COLON/RECTAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF PANCREAS	CARDIOVASCULAR	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF PANCREAS	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BORDER OF TONGUE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	HEMATOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBRAL MENINGES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Imaging Center	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	9		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	15		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Approved	9		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	SURGERY-COLON/RECTAL	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DUODENUM	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DUODENUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCERVIX	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCERVIX	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Approved	10		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	8		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	8	Services are not medically necessary	8		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	NURSE PRACTITIONER	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	SURGERY-GENERAL	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF EXOCERVIX	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF EXOCERVIX	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF GALLBLADDER	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF GALLBLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	HOSPITAL	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LABIUM MAJUS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LABIUM MINUS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	GASTROENTEROLOGY	Approved	2		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	SURGERY-HEAD AND NECK	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	SURGERY-HEAD AND NECK	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MYOMETRIUM	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	SURGERY-NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	SURGERY-GENERAL	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ANCILLARY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	12		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	OTHER	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	OTHER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREATIC DUCT	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PENIS UNSPECIFIED	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Approved	11		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	15		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	SURGERY- UROLOGICAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PYRIFORM SINUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY AND ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Imaging Center	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Approved	7		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	13		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Denied	7	Services are not medically necessary	7		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	28		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	8	Services are not medically necessary	8		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	OTHER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIBS STERNUM AND CLAVICLE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT ORBIT	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Approved	7		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Approved	8		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	18		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	18		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Denied	7	Services are not medically necessary	7		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	PHYSICIAN ASSISTANT	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY-GENERAL	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SOFT PALATE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYMUS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	8		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	PEDIATRICS	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRACHEA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRACHEA	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	COLON AND RECTAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	Approved	7		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF URINARY ORGAN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF VAGINA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	11		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	13		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITE CORPUS UTERI	GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITE CORPUS UTERI	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES NASOPHARYNX	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVLAP SITE UNS BRONCH & LUNG	RADIATION THERAPY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	GYNECOLOGY ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	10		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	14		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	OTHER	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	OTHER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	ONCOLOGY	Approved	8		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT ADRENAL GLAND	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	EMERGENCY MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Approved	10		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGEON - BREAST	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	MATERNAL FETAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	16		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	OTHER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	HOSPITAL	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	INTERNAL MEDICINE	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	11		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	15		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	SURGERY-THORACIC	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE UNS BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PLEURAL EFFUSION	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0

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CT CHEST (thorax); with contrast material(s)	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OBSTETRICIAN AND GYNECOLOGIST	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA INTRATHORACIC LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MELANOMA IN SITU OF OTHER PART OF TRUNK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MERKEL CELL CARCINOMA OF OTHER PART OF TRUNK	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MERKEL CELL CARCINOMA RIGHT UP LIMB INCL SHOULDR	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA OF PERITONEUM	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA OF PERITONEUM	NURSE PRACTITIONER	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA OF PERITONEUM	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA OF PERITONEUM	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA OF PERITONEUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA OF PLEURA	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA OF PLEURA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MESOTHELIOMA UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MILD INTERMITTENT ASTHMA UNCOMPLICATED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES MULTIPLE SITES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); with contrast material(s)	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MYCOBACTERIAL INFECTION UNSPECIFIED	INFECTIOUS DISEASES	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF MEDIASTINUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF MEDIASTINUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ENDOCRINOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERT BHV LYMPHOID HP & REL TISSUE UNS	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NOCARDIOSIS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES AXILLA UP LIMB	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL INGUINAL RGN & LW LIMB	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRA-ABDOMEN NODES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRA-ABDOMEN NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRATHORACIC NODES	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRATHORACIC NODES	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HODGKIN LYMPHOMA UNS SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NON-NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NONSPECIFIC RXN TUBERCULIN SKIN TEST W/O ACT TB	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NONTOXIC GOITER UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NONTOXIC GOITER UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NULL	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	OTHER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA NODES MULTIPLE SITE	ONCOLOGY	Approved	2		0		0

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CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	EMERGENCY MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	PULMONARY DISEASES	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH SPEC NONINFECTIVE D/O LYMPH VESSELS & NODES	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA NODES AX & UP LMB	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	OTHER ABNORMAL TUMOR MARKERS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER ABNORMAL TUMOR MARKERS	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER CONGENITAL MALFORMATIONS OF RIBS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF IRON METABOLISM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER ELEVATED WHITE BLOOD CELL COUNT	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER EMPHYSEMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER FATIGUE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER FORMS OF DYSPNEA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER ILL-DEFINED HEART DISEASES	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	25		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	GASTROENTEROLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Imaging Center	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	13		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY-ABDOMINAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER PULMONARY EMBOLISM W/ACUTE COR PULMONALE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	CARDIOVASCULAR DISEASE	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	OTHER SPEC MALIGNANT NEOPLASM SKIN UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISEASES OF INTESTINE	SURGERY-COLON/RECTAL	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED MALIGNANT NEOPLASM SKIN BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED PLEURAL CONDITIONS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PAIN IN RIGHT HIP	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PAIN IN UNSPECIFIED UPPER ARM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PAIN IN UNSPECIFIED UPPER ARM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OPHTHALMOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PARALYSIS OF VOCAL CORDS AND LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PARAPSORIASIS UNSPECIFIED	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	PERIPH T-CELL LYMPHOMA NOT CLASSIFIED UNS SITE	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSON INJURED UNS MOTOR-VEH ACC TRAF SUB ENC	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EYE	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EYE	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MERKEL CELL CARCINOMA	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF NON-HODGKIN LYMPHOMAS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF NON-HODGKIN LYMPHOMAS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	FAMILY PRACTICE	Approved	2		0		0

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CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF PNEUMONIA RECURRENT	PEDIATRIC PULMONOLOGIST	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM SKIN	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX MAL NEO OTH SITE LIP ORL CAV&PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX MAL NEO OTH SITE LIP ORL CAV&PHARYNX	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX MALIG NEOPLASM OTH ORGANS & SYSTEMS	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	OTHER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	OTHER	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	SURGERY-COLON/RECTAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PLEURAL PLAQUE WITHOUT ASBESTOS	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PLEURISY	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PLEURODYNIA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PLEURODYNIA	SPORTS MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	PNEUMONIA UNSPECIFIED ORGANISM	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PNEUMONIA UNSPECIFIED ORGANISM	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PNEUMONIA UNSPECIFIED ORGANISM	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PNEUMONIA UNSPECIFIED ORGANISM	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	POSTPROCEDURAL HYPOTHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PSEUDOCYST OF PANCREAS	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	REFRACTORY CYTOPENIA WITH MULTILINEAGE DYSPLASIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	RESPIRATORY TUBERCULOSIS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	RESPIRATORY TUBERCULOSIS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SARCOIDOSIS OF LUNG	RHEUMATOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	SARCOIDOSIS OF LUNG W/SARCOIDOSIS OF LYMPH NODES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SARCOIDOSIS UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SARCOIDOSIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEO AXILLA & UP LIMB LYMPH NODES	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEO AXILLA & UP LIMB LYMPH NODES	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEO AXILLA & UP LIMB LYMPH NODES	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEO INTRATHORACIC LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY CARCINOID TUMORS OF LIVER	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	11		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	SECONDARY POLYCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SECONDARY POLYCYTHEMIA	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	SEPTIC PULMONARY EMBO W/O ACUTE COR PULMONALE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	7		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	8		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	NURSE PRACTITIONER	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	ORTHOPEDIC SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SIMPLE CHRONIC BRONCHITIS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SMALL CELL B-CELL LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	ALLERGY & ASTHMA	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	CRITICAL CARE MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	39		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	GERIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	19		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	OBSTETRICIAN AND GYNECOLOGIST	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	OTHER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	PEDIATRICS ALLERGIST	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	13		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	URGENT CARE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	VASCULAR SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SQUAMOUS CELL CARCINOMA SKIN OTHER PARTS OF FACE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	STRAIN MUSCLE & TENDON FRONT WALL THORAX SUB	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	STRIDOR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	TACHYCARDIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY- CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THORACIC AORTIC ECTASIA	CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THROMBOCYTOPENIA UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THROMBOCYTOPENIA UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THROMBOCYTOPENIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	11		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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CT CHEST (thorax); with contrast material(s)	Unknown	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	Unknown	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	Unknown	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	INTERNAL MEDICINE	Approved	10		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	Unknown	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	ONCOLOGY	Denied	7	Services are not medically necessary	7		0
CT CHEST (thorax); with contrast material(s)	Unknown	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	Unknown	PULMONARY DISEASES	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNS B-CELL LYMPHOMA EXTRANODL & SOLID ORGAN SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	UNS B-CELL LYMPHOMA LYMPH OF NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNS FB OTH PART RESP TRACT CAUS OTH INJ INIT ENC	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	UNS MALIGNANT NEOPLASM SKIN OTHER PARTS FACE	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNS MALIGNANT NEOPLASM SKIN OTHER PARTS FACE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED CHORIORETINAL INFLAMMATION BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED CHRONIC BRONCHITIS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED CHRONIC BRONCHITIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED CHRONIC BRONCHITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED GLAUCOMA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unspecified lump in axillary tail of the right breast	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unspecified lump in the right breast, unspecified quadrant	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unspecified lump in unspecified breast	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN	SURGERY-COLON/RECTAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED MALIGNANT NEOPLASM SKIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	WALDENSTROM MACROGLOBULINEMIA	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	WALDENSTROM MACROGLOBULINEMIA	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	ABDOMINAL RIGIDITY UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ABNORMAL RESULTS OF PULMONARY FUNCTION STUDIES	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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CT CHEST (thorax); without contrast material	ABNORMAL RESULTS OF PULMONARY FUNCTION STUDIES	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ABNORMAL RESULTS OF PULMONARY FUNCTION STUDIES	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ABNORMAL WEIGHT LOSS	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	ABNORMAL WEIGHT LOSS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACQUIRED ABSENCE OF LUNG	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHITIS DUE TO OTHER SPEC ORGANISMS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHITIS DUE TO OTHER SPEC ORGANISMS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHITIS DUE TO OTHER SPEC ORGANISMS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHITIS DUE TO PARAINFLUENZA VIRUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHOSPASM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHOSPASM	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE EMBO THROMB UNS DEEP VEINS LT LOWER EXTREM	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE ETHMOIDAL SINUSITIS UNSPECIFIED	ALLERGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ACUTE SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ALLERGIC RHINITIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	ALPHA-1-ANTITRYPSIN DEFICIENCY	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ALVEOLAR PROTEINOSIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ANEURYSM OF UNSPECIFIED SITE	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ANXIETY DISORDER UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ARTERITIS UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ARTHROPATHIC PSORIASIS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	ATELECTASIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ATELECTASIS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ATELECTASIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	PULMONARY DISEASES	Approved	5		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS WITH ACUTE EXACERBATION	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS WITH ACUTE EXACERBATION	PULMONARY DISEASES	Approved	3		0		0
CT CHEST (thorax); without contrast material	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	FAMILY PRACTICE	Approved	1		0		0

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CT CHEST (thorax); without contrast material	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	BRONCHOPNEUMONIA UNSPECIFIED ORGANISM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHOPNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CENTRILOBULAR EMPHYSEMA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CENTRILOBULAR EMPHYSEMA	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	CENTRILOBULAR EMPHYSEMA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHEST PAIN ON BREATHING	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN ON BREATHING	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	7		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	5		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC GRAFT-VERSUS-HOST DISEASE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC KIDNEY DISEASE UNSPECIFIED	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	ALLERGY & IMMUNOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	CRITICAL CARE MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	FAMILY PRACTICE	Approved	3		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Approved	11		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	INTERNAL MEDICINE	Approved	2		0		0

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CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC RHINITIS	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CONGENITAL MALFORMATION RESPIRATORY SYSTEM UNS	SURGERY-THORACIC	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	CONTACT & SUSPECTED EXPOS OTH HAZARDOUS SUBSTNC	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	CONTACT W/ & SUSPECTED EXPOS ENVIR TOBACCO SMOKE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CONTUSION UNS FRONT WALL THORAX INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COPD WITH ACUTE LOWER RESPIRATORY INFECTION	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	COUGH	ALLERGY	Approved	3		0		0
CT CHEST (thorax); without contrast material	COUGH	ALLERGY & IMMUNOLOGY	Approved	3		0		0
CT CHEST (thorax); without contrast material	COUGH	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material	COUGH	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	COUGH	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	COUGH	CRITICAL CARE MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	COUGH	CRITICAL CARE MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	COUGH	FAMILY PRACTICE	Approved	11		0		0
CT CHEST (thorax); without contrast material	COUGH	FAMILY PRACTICE	Denied	12	Services are not medically necessary	12		0
CT CHEST (thorax); without contrast material	COUGH	HOSPITAL	Approved	2		0		0
CT CHEST (thorax); without contrast material	COUGH	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	INTERNAL MEDICINE	Approved	16		0		0
CT CHEST (thorax); without contrast material	COUGH	INTERNAL MEDICINE	Denied	12	Services are not medically necessary	12		0
CT CHEST (thorax); without contrast material	COUGH	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	NURSE PRACTITIONER	Approved	3		0		0
CT CHEST (thorax); without contrast material	COUGH	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	COUGH	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	OTHER	Approved	2		0		0
CT CHEST (thorax); without contrast material	COUGH	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); without contrast material	COUGH	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	PHYSICIAN ASSISTANT	Approved	3		0		0
CT CHEST (thorax); without contrast material	COUGH	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	PULMONARY DISEASES	Approved	18		0		0
CT CHEST (thorax); without contrast material	COUGH	PULMONARY DISEASES	Denied	6	Services are not medically necessary	6		0

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CT CHEST (thorax); without contrast material	COUGH	SLEEP MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	COUGH	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CYSTIC FIBROSIS UNSPECIFIED	Physician	Approved	1		0		0
CT CHEST (thorax); without contrast material	CYSTIC FIBROSIS UNSPECIFIED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); without contrast material	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	DILATED CARDIOMYOPATHY	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	DISORDER INVOLVING IMMUNE MECHANISM UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	DISORDER INVOLVING IMMUNE MECHANISM UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	DISORDERS OF DIAPHRAGM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	DISRUPTION EXTERNAL OPERATION WOUND NEC SEQUELA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	DYSPHAGIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Approved	8		0		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	EMPHYSEMA UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	EMPHYSEMA UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER AFTERCARE FOLLOW OTH ORGAN TRANSPLANT	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER AFTERCARE FOLLOWING HEART TRANSPLANT	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	ENCOUNTER AFTERCARE FOLLOWING HEART TRANSPLANT	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER FOR SCREENING FOR LIPOID DISORDERS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER OBSERV OTH SUSPCT DZ & COND RULED OUT	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENLARGED LYMPH NODES UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENLARGED LYMPH NODES UNSPECIFIED	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	FEVER UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	FOLLICULAR LYMPHOMA GRADE IIIA NODES MX SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); without contrast material	FRACTURE 1 RIB LT SIDE SUBSQT ENC FX W/RTN HLNG	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	HEADACHE	CHIROPRACTOR	Approved	1		0		0
CT CHEST (thorax); without contrast material	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	HEART TRANSPLANT STATUS	CARDIOLOGIST	Approved	2		0		0
CT CHEST (thorax); without contrast material	HEMOPTYSIS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	HEMOPTYSIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	HEMOPTYSIS	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); without contrast material	HEMOPTYSIS	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	HEMOPTYSIS	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	HEPATOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	HEREDITARY HEMOCHROMATOSIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	HYPERSENSITIVITY ANGIITIS	ALLERGY & ASTHMA	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	HYPERSENSITIVITY PNEUMONIT D/T UNS ORGANIC DUST	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	HYPOXEMIA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	IDIOPATHIC PULMONARY FIBROSIS	PULMONARY DISEASES	Approved	6		0		0
CT CHEST (thorax); without contrast material	IDIOPATHIC URTICARIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	PULMONARY DISEASES	Approved	16		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	PULMONARY DISEASES	Denied	10	Services are not medically necessary	10		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTRAHEPATIC BILE DUCT CARCINOMA	SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	JUVENILE RA WITH SYSTEMIC ONSET UNSPECIFIED SITE	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); without contrast material	KAPOSIS SARCOMA OF SKIN	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	LEUKOPLAKIA OF ORAL MUCOSA INCLUDING TONGUE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	LINEAR SCLERODERMA	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	LIVER CELL CARCINOMA	GASTROENTEROLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	LIVER CELL CARCINOMA	HEPATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	LIVER CELL CARCINOMA	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LIVER CELL CARCINOMA	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	LIVER CELL CARCINOMA	SURGERY-GENERAL	Approved	2		0		0
CT CHEST (thorax); without contrast material	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
		HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Approved	6		0		0
CT CHEST (thorax); without contrast material	LOCALIZED ENLARGED LYMPH NODES	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED ENLARGED LYMPH NODES	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Approved	2		0		0
		CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	OTHER	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	OTHER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LYMPHANGIOLEIOMYOMATOSIS	INTERNAL MEDICINE	Approved	1		0		0
		HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM CENTRAL PORTION RIGHT MALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); without contrast material	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	RADIATION THERAPY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY AND ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF DESCENDING COLON	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF ENDOMETRIUM	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF LEFT CHOROID	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PENIS UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PENIS UNSPECIFIED	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PROSTATE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF SIGMOID COLON	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF THYMUS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	DIABETES & METABOLISM	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OVERLAP SITE LT BRONCH & LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	RADIATION THERAPY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	RADIATION THERAPY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0

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CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE UNS BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT PLEURAL EFFUSION	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRIN TUMRS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MASTODYNIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MESOTHELIOMA OF PLEURA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MICROSCOPIC POLYANGIITIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MILD INTERMITTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MIXED SIMPLE AND MUCOPURULENT CHRONIC BRONCHITIS	ALLERGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	CRITICAL CARE MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MUCOPURULENT CHRONIC BRONCHITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MUCOPURULENT CHRONIC BRONCHITIS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	MUCOPURULENT CHRONIC BRONCHITIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MUCOPURULENT CHRONIC BRONCHITIS	SLEEP MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	MUCOPURULENT CHRONIC BRONCHITIS	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MUSCLE WEAKNESS GENERALIZED	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MYCOBACTERIAL INFECTION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MYCOSIS FUNGOIDES UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	RADIATION ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	FAMILY PRACTICE	Approved	4		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Approved	3		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	IMMUNOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	2		0		0
CT CHEST (thorax); without contrast material	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	NONTOXIC GOITER UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	NULL	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OBESITY UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTH NON-FOLLICULAR LYMPHOMA INTRA-ABDOM NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTH NON-FOLLICULAR LYMPHOMA NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTH POSTPROC COMP & DISORDERS DIGESTIVE SYSTEM	SURGERY-GENERAL	Approved	1		0		0

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CT CHEST (thorax); without contrast material	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTH SYMPTOMS & SIGNS CONCERNING FOOD & FL INTAKE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER ACUTE POSTPROCEDURAL PAIN	CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER BENIGN NEOPLASM OF SKIN UNSPECIFIED	PEDIATRIC ORTHOPEDIST	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER DISEASES OF BRONCHUS NEC	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER DISEASES OF PULMONARY VESSELS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER DISEASES OF PULMONARY VESSELS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	PULMONARY DISEASES	Approved	10		0		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	PULMONARY DISEASES	Denied	9	Services are not medically necessary	9		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER ELEVATED WHITE BLOOD CELL COUNT	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER EMPHYSEMA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF ASPERGILLOSIS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	PULMONARY DISEASES	Approved	7		0		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER INTERST PULM DZ W/FIBROSIS DZ CLASS ELSW	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NEUTROPENIA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	CRITICAL CARE MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	43		0		0

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CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Imaging Center	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	27		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ORTHOPEDIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	38		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SLEEP MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	UROLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER RA WITH RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED DISEASES OF PERICARDIUM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED JOINT DISORDERS RIGHT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED MALIGNANT NEOPLASM SKIN BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PAIN IN ARM UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	PECTUS EXCAVATUM	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	PECTUS EXCAVATUM	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); without contrast material	PECTUS EXCAVATUM	SURGERY-PEDIATRIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	PECTUS EXCAVATUM	SURGERY-PEDIATRIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PERSON INJURED UNS MOTOR-VEH ACC TRAF SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF BENIGN CARCINOID TUMOR	INTERNAL MEDICINE	Approved	1		0		0

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CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NON-HODGKIN LYMPHOMAS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OTH DISEASES RESPIRATORY SYSTEM	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OTH VENOUS THROMBOSIS&EMBOLISM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PERSONAL HX MALIG NEOPLASM OTH DIGESTIVE ORGANS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PERSONAL HX MALIG NEOPLSM UNS URINRY TRACT ORGAN	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PERSONAL HX OTH MALIG NEOPLASM BRONCHUS & LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PERSONAL HX OTH MALIG NEOPLASM BRONCHUS & LUNG	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	PLEURODYNYA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PLEURODYNYA	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	PLEURODYNYA	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	PLEURODYNYA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PLEURODYNYA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PLEURODYNYA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA D/T METHICILLIN RSIST STAPH	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA IN DISEASES CLASSIFIED ELSEWHERE	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	INTERNAL MEDICINE	Approved	5		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Approved	5		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	PNEUMONITIS D/T INHALATION OTH SOLIDS & LIQUIDS	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PRESENCE OF AORTOCORONARY BYPASS GRAFT	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); without contrast material	PRIMARY PULMONARY HYPERTENSION	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	PROGRESSIVE SYSTEMIC SCLEROSIS	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PULMONARY ALVEOLAR MICROLITHIASIS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PULMONARY COCCIDIOIDOMYCOSIS UNSPECIFIED	Imaging Center	Approved	1		0		0

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CT CHEST (thorax); without contrast material	PULMONARY FIBROSIS UNSPECIFIED	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PULMONARY FIBROSIS UNSPECIFIED	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PULMONARY FIBROSIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PULMONARY FIBROSIS UNSPECIFIED	PULMONARY DISEASES	Approved	6		0		0
CT CHEST (thorax); without contrast material	PULMONARY HISTOPLASMOSIS CAPSULATI UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	Pulmonary hypertension, unspecified	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	PULMONARY MYCOBACTERIAL INFECTION	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PULMONARY MYCOBACTERIAL INFECTION	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	PULMONARY MYCOBACTERIAL INFECTION	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PYOTHORAX WITHOUT FISTULA	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	RELAPSING POLYCHONDRIITIS	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	RESPIRATORY SYNCYTIAL VIRUS PNEUMONIA	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS OF LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS OF LUNG	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS OF LUNG W/SARCOIDOSIS OF LYMPH NODES	NEPHROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS OF LUNG W/SARCOIDOSIS OF LYMPH NODES	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS OF OTHER SITES	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	Approved	6		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SCHWANNOMATOSIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	SECONDARY POLYCYTHEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	PULMONARY DISEASES	Approved	11		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	PULMONARY DISEASES	Denied	11	Services are not medically necessary	11		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	SURGERY-ORTHOPEDIC	Approved	1		0		0

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CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SICCA SYNDROME UNSPECIFIED	RHEUMATOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	SICKLE-CELL DISEASE WITHOUT CRISIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SIMPLE CHRONIC BRONCHITIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SIMPLE CHRONIC BRONCHITIS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	CARDIOLOGIST	Approved	7		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	CRITICAL CARE MEDICINE	Approved	4		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	EMERGENCY MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	74		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	GASTROENTEROLOGY	Approved	3		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	GENERAL PRACTICE	Approved	3		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	HOSPITAL	Approved	3		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	Imaging Center	Approved	9		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	55		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	NEUROSURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	NURSE PRACTITIONER	Approved	5		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	ORTHOPEDIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	OTHER	Approved	4		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	PHYSICIAN ASSISTANT	Approved	2		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	96		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Denied	11	Services are not medically necessary	11		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	SLEEP MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SPRAIN SC JOINT LIGAMENT INITIAL ENCOUNTER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SUPRAVENTRICULAR TACHYCARDIA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	SYSTEMIC SCLEROSIS UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	SYSTEMIC SCLEROSIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SYSTEMIC SCLEROSIS WITH LUNG INVOLVEMENT	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	TACHYCARDIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	3		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	Approved	1		0		0

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CT CHEST (thorax); without contrast material	THORACIC AORTIC ECTASIA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	TOBACCO USE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	TOBACCO USE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	TOBACCO USE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	TOBACCO USE	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	TOBACCO USE	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	Unknown	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	EMERGENCY MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	FAMILY PRACTICE	Approved	10		0		0
CT CHEST (thorax); without contrast material	Unknown	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	Unknown	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	INTERNAL MEDICINE	Approved	7		0		0
CT CHEST (thorax); without contrast material	Unknown	PULMONARY DISEASES	Approved	4		0		0
CT CHEST (thorax); without contrast material	Unknown	PULMONARY DISEASES	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	Unknown	RADIOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA UNCOMPLICATED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED CHRONIC BRONCHITIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	WALDENSTROM MACROGLOBULINEMIA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ABNORMAL WEIGHT LOSS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ACUTE BRONCHITIS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ADRENOMEDULLARY HYPERFUNCTION	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ANAPLASTIC LCL ALK-NEGATIVE UNSPECIFIED SITE	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ANAPLASTIC LCL EXTRANODAL & SOLID ORGAN SITES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ANOREXIA	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	AORTIC ECTASIA UNSPECIFIED SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	BENIGN CARCINOID TUMOR OF THE TRANSVERSE COLON	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM CNCTV & OTH SOFT TISSUE ABDOMEN	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHRONIC PULMONARY EMBOLISM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CONTUSION OF LUNG UNSPECIFIED INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	ALLERGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	FAMILY PRACTICE	Approved	6		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	Other	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH VARIANT ASTHMA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DISORDER OF BONE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DISSECTION OF THORACIC AORTA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DYSPHONIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DYSPHONIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ESSENTIAL PRIMARY HYPERTENSION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	FOLLICULAR LYMPHOMA GRADE I INTRATHORACIC NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	DENTIST-ORTHODONTURE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED EDEMA	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALFORMATION OF CORONARY VESSELS	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	RADIATION THERAPY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	HOSPITAL	Approved	1		0		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONN SOFT TISS HEAD FACE NECK	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF DESCENDING COLON	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ENDOMETRIUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	SURGERY-GENERAL	Approved	1		0		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	SURGERY- UROLOGICAL	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF RETROPERITONEUM	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF RIGHT ORBIT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF RIGHT ORBIT	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF RIGHT OVARY	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF THYROID GLAND	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	3		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRIN TUMRS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MESOTHELIOMA OF PERITONEUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MILD PERSISTENT ASTHMA UNCOMPLICATED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MONOCLONAL GAMMOPATHY	PULMONARY DISEASES	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MYCOBACTERIAL INFECTION UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NODULR LYMPHCYT PREDOM HL INTRA-ABDOMEN NODES	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NONSPECIFIC RXN TUBERCULIN SKIN TEST W/O ACT TB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NONSPECIFIC RXN TUBERCULIN SKIN TEST W/O ACT TB	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	NONSPECIFIC RXN TUBERCULIN SKIN TEST W/O ACT TB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER CHEST PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER CHEST PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER CHEST PAIN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER DISORDERS OF LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	9		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER OPTIC ATROPHY LEFT EYE	NEURO & OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PARAPSORIASIS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PARAPSORIASIS UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PNEUMONIA UNSPECIFIED ORGANISM	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PULMONARY MYCOBACTERIAL INFECTION	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	RESPIRATORY TUBERCULOSIS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SARCOIDOSIS OF LUNG	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SARCOIDOSIS OF LUNG W/SARCOIDOSIS OF LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SARCOIDOSIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SHORTNESS OF BREATH	ALLERGY	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SHORTNESS OF BREATH	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	6		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	PEDIATRICS ALLERGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	THROMBOCYTOPENIA UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	THROMBOCYTOPENIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ULCERATIVE COLITIS UNS W/RECTAL BLEEDING	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Approved	4		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED CHRONIC BRONCHITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT GUIDANCE FOR NEEDLE PLACEMENT	R22.30 - Localized swelling, mass and lump, unspecified upper limb	Oncology	Approved	1		0		0
CT GUIDANCE FOR NEEDLE PLACEMENT; BIOPSY, LUNG OR MEDIASTINUM	R91.1 - Solitary pulmonary nodule	Hematology/Oncology	Approved	1		0		0
CT GUIDANCE FOR PLC RADIATION THERAPY; RADIATION THERAPY PLANNING; SET RADIATION THERAPY FIELD SIM	D05.12 - Intraductal carcinoma in situ of left breast	Radiation Oncology	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	ATYP SQ CELL CANNOT EXCLUD HGSL CYTOL SMER ANUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	CHRONIC CLUSTER HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	DIPLOPIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT HEAD or Brain; with contrast material(s)	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	HEADACHE	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT HEAD or Brain; with contrast material(s)	HEADACHE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	HEADACHE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	HEMANGIOMA OF OTHER SITES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	NEPHROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; with contrast material(s)	ISCHEMIC OPTIC NEUROPATHY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM OF BORDER OF TONGUE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0

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CT HEAD or Brain; with contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	HEMATOLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	MOYAMOYA DISEASE	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR UNS SITE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	NEW DAILY PERSISTENT HEADACHE	GERIATRICS	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	SURGERY-GENERAL	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; with contrast material(s)	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	SLURRED SPEECH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	SYNCOPE AND COLLAPSE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	SYNCOPE AND COLLAPSE	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	TINNITUS BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ABNORMAL BRAIN SCAN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT HEAD or Brain; without contrast material	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	4		0		0
CT HEAD or Brain; without contrast material	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	ALZHEIMERS DISEASE UNSPECIFIED	NEUROLOGY	Approved	2		0		0
CT HEAD or Brain; without contrast material	ALZHEIMERS DISEASE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	AMAUROSIS FUGAX	OTHER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	ANEURYSM OF UNSPECIFIED SITE	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	ANXIETY DISORDER UNSPECIFIED	OTHER	Approved	1		0		0
CT HEAD or Brain; without contrast material	ATAXIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	ATAXIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ATTENTION AND CONCENTRATION DEFICIT	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ATYPICAL FACIAL PAIN	FAMILY PRACTICE	Approved	1		0		0

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CT HEAD or Brain; without contrast material	AUTISTIC DISORDER	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	BELLS PALS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	BELLS PALS	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	BELLS PALS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	BELLS PALS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN INTRACRANIAL HYPERTENSION	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN LIPOMATOUS NEO SKIN SUBQ HEAD FACE NECK	PLASTIC SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	PLASTIC SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	BODY MASS INDEX BMI 20.0-20.9 ADULT	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	BRONCHIECTASIS WITH ACUTE EXACERBATION	PULMONARY DISEASES	Approved	1		0		0
CT HEAD or Brain; without contrast material	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	OTHER	Approved	1		0		0
CT HEAD or Brain; without contrast material	CEPHALHEMATOMA DUE TO BIRTH INJURY	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCT D/T THROMB LT POST CERBRAL ART	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS RT MCA	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCTION UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	CERVICALGIA	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CERVICALGIA	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CHRONIC CLUSTER HEADACHE INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC CLUSTER HEADACHE INTRACTABLE	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC FRONTAL SINUSITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC MAXILLARY SINUSITIS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	NEUROLOGY	Approved	1		0		0

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CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC PANSINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CHRONIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC POST-TRAUMATIC HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC POST-TRAUMATIC HEADACHE INTRACTABLE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC RHINITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CHRONIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	INTERNAL MEDICINE	Approved	3		0		0
CT HEAD or Brain; without contrast material	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	COMMUNICATING HYDROCEPHALUS	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	8		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONDUCT HL UNI LT EAR UNRESTIRCT CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONGENITAL HYDROCEPHALUS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	PLASTIC SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONTUSION EYEBALL & ORBITAL TISSUES LT EYE INIT	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONTUSION OF SCALP INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONTUSION OTHER PART OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONTUSION UNS PART HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CONTUSION UNS PART HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONTUSION UNS PART HEAD INITIAL ENCOUNTER	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	NEUROSURGERY	Approved	2		0		0
CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	PEDIATRICS	Approved	2		0		0

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CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	PLASTIC SURGERY	Approved	3		0		0
CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DIFFUSE OTITIS EXTERNA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DIFFUSE TRAUMATIC BRAIN INJURY W/O LOC INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIPLOPIA	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIPLOPIA	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIPLOPIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DISORDER OF BONE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	DISORDER OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	DISORDER OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	DISORIENTATION UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	DISORIENTATION UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DISORIENTATION UNSPECIFIED	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	DISORIENTATION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	DISORIENTATION UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	CARDIOVASCULAR	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	20		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	14	Services are not medically necessary	14		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	GASTROENTEROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	7		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	3		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	PULMONARY DISEASES	Approved	1		0		0
CT HEAD or Brain; without contrast material	DRUG INDUCED SUBACUTE DYSKINESIA	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPIDEMIC VERTIGO	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPIDURAL HEMORRHAGE WITHOUT LOC INITIAL ENCOUNTR	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPISODIC CLUSTER HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPISODIC CLUSTER HEADACHE NOT INTRACTABLE	OTHER	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPISODIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPISODIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	EPISODIC TENSION-TYPE HEADACHE INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPISODIC TENSION-TYPE HEADACHE INTRACTABLE	OTHER	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPISODIC TENSION-TYPE HEADACHE INTRACTABLE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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CT HEAD or Brain; without contrast material	EPISTAXIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	FACIAL WEAKNESS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	FACIAL WEAKNESS	GENERAL PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	FACIAL WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	FACIAL WEAKNESS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	FIBROUS DYSPLASIA MONOSTOTIC OTHER SITE	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	FIBROUS DYSPLASIA MONOSTOTIC OTHER SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	HEADACHE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	EMERGENCY MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	HEADACHE	FAMILY PRACTICE	Approved	103		0		0
CT HEAD or Brain; without contrast material	HEADACHE	FAMILY PRACTICE	Denied	33	Services are not medically necessary	33		0
CT HEAD or Brain; without contrast material	HEADACHE	GENERAL PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	HEADACHE	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	HEADACHE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	Imaging Center	Approved	3		0		0
CT HEAD or Brain; without contrast material	HEADACHE	INTERNAL MEDICINE	Approved	36		0		0
CT HEAD or Brain; without contrast material	HEADACHE	INTERNAL MEDICINE	Denied	12	Services are not medically necessary	12		0
CT HEAD or Brain; without contrast material	HEADACHE	NEPHROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	NEUROLOGY	Approved	15		0		0
CT HEAD or Brain; without contrast material	HEADACHE	NEUROLOGY	Denied	5	Services are not medically necessary	5		0
CT HEAD or Brain; without contrast material	HEADACHE	NURSE PRACTITIONER	Approved	2		0		0
CT HEAD or Brain; without contrast material	HEADACHE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	HEADACHE	ONCOLOGY	Approved	3		0		0
CT HEAD or Brain; without contrast material	HEADACHE	Other	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT HEAD or Brain; without contrast material	HEADACHE	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	PAIN MANAGEMENT	Approved	2		0		0
CT HEAD or Brain; without contrast material	HEADACHE	PEDIATRICS	Approved	9		0		0
CT HEAD or Brain; without contrast material	HEADACHE	PEDIATRICS	Denied	6	Services are not medically necessary	6		0
CT HEAD or Brain; without contrast material	HEADACHE	PHYSICIAN ASSISTANT	Approved	3		0		0
CT HEAD or Brain; without contrast material	HEADACHE	PSYCHIATRY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HISTORY OF FALLING	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HYDROCEPHALUS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HYDROCEPHALUS UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HYDROCEPHALUS UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	HYDROCEPHALUS UNSPECIFIED	SURGERY-NEUROLOGY	Approved	7		0		0
CT HEAD or Brain; without contrast material	IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS	NEUROSURGERY	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	JUVENILE MYOCLONIC EPIL NOT INTRACTABLE W/O SE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	LACERATION W/O FB OTHER PART HEAD INITIAL ENC	OTHER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM OF FRONTAL LOBE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM OF FRONTAL LOBE	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM OF HARD PALATE	SURGERY-PEDIATRIC	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM OF TEMPORAL LOBE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM OF TEMPORAL LOBE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MENINGISMUS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MENSTRUAL MIGRAINE INTRACT W/O STAT MIGRAINOSUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MICROCEPHALY	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	5		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	3		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MILD INTELLECTUAL DISABILITIES	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	MONOPLÉGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	NAUSEA	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	NAUSEA	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	NAUSEA WITH VOMITING UNSPECIFIED	FAMILY PRACTICE	Approved	5		0		0
CT HEAD or Brain; without contrast material	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	NAUSEA WITH VOMITING UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	NAUSEA WITH VOMITING UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	SURGERY-NEUROLOGY	Approved	2		0		0
CT HEAD or Brain; without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	NEURALGIA AND NEURITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	NEUROFIBROMATOSIS TYPE 1	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	6		0		0
CT HEAD or Brain; without contrast material	NEW DAILY PERSISTENT HEADACHE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	NEW DAILY PERSISTENT HEADACHE	INTERNAL MEDICINE	Approved	4		0		0
CT HEAD or Brain; without contrast material	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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CT HEAD or Brain; without contrast material	NONTRAUMATIC INTRACEREBRAL HEM INTRAVENTRICULAR	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	NEUROLOGY	Approved	2		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	NEUROSURGERY	Approved	3		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC SUBDURAL HEMORRHAGE UNSPECIFIED	NEUROSURGERY	Approved	3		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC SUBDURAL HEMORRHAGE UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OCCIPITAL NEURALGIA	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OSTEITIS DEFORMANS OF SKULL	ENDOCRINOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTALGIA UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH MECH COMP OTH INT PROS DEV IMPL GFT INIT ENC	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	ENDOCRINOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTH SPEC MENTAL D/O DUE KNOWN PHYSIOLOGICAL COND	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH SPEC MENTAL D/O DUE KNOWN PHYSIOLOGICAL COND	PSYCHIATRY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER ACQUIRED DEFORMITY OF HEAD	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material	OTHER AMNESIA	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	NEUROLOGY	Approved	2		0		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	OTHER	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER AMNESIA	OTHER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER CYSTS OF ORAL REGION NEC	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER DISEASES OF VOCAL CORDS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER DYSTONIA	NEUROSURGERY	Approved	2		0		0
CT HEAD or Brain; without contrast material	OTHER FATIGUE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	4		0		0
CT HEAD or Brain; without contrast material	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER HEADACHE SYNDROME	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER HEADACHE SYNDROME	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER HYDROCEPHALUS	NEUROSURGERY	Approved	5		0		0
CT HEAD or Brain; without contrast material	OTHER HYDROCEPHALUS	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	Other injury of unspecified body region, initial encounter	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER IRON DEFICIENCY ANEMIAS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER MIGRAINE INTRACTABLE W/STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPEC DISORDERS CARTILAGE UNSPECIFIED SITES	INFECTIOUS DISEASES	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	PEDIATRIC NEUROSURGEON	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	PLASTIC SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROSURGERY	Approved	2		0		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED ENDOCRINE DISORDERS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED NONPSYCHOTIC MENTAL DISORDERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED OSTEOCHONDRODYSPLASIAS	PLASTIC SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED PHOBIA	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SPEECH DISTURBANCES	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER VISUAL DISTURBANCES	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	5		0		0
CT HEAD or Brain; without contrast material	OTHER VISUAL DISTURBANCES	GASTROENTEROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER VISUAL DISTURBANCES	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER VISUAL DISTURBANCES	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	PAIN DISORDERS EXCLUSIVELY REL PSYCHOLOG FACTORS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	2		0		0

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CT HEAD or Brain; without contrast material	PARESTHESIA OF SKIN	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	PERSONAL HX OTH HEALED PHYSICAL INJURY & TRAUMA	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	PERSONAL HX OTH HEALED PHYSICAL INJURY & TRAUMA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	PNEUMOCOCCAL MENINGITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	POLYMYOSITIS WITH MYOPATHY	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	POSTCONCUSSIONAL SYNDROME	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	POSTCONCUSSIONAL SYNDROME	Physician	Approved	1		0		0
CT HEAD or Brain; without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	PRESENCE OF OTHER SPECIFIED DEVICES	NEPHROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PRIMARY INSOMNIA	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	PRIMARY THUNDERCLAP HEADACHE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	PRIMARY THUNDERCLAP HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	REPEATED FALLS	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	REPEATED FALLS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	SCHIZOPHRENIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	PULMONARY DISEASES	Approved	1		0		0
CT HEAD or Brain; without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	5		0		0
CT HEAD or Brain; without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	CARDIOLOGIST	Approved	1		0		0
CT HEAD or Brain; without contrast material	TINNITUS BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TINNITUS LEFT EAR	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TINNITUS LEFT EAR	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TINNITUS RIGHT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Approved	1		0		0

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CT HEAD or Brain; without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TRANSIENT VISUAL LOSS BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC CEREBRAL EDEMA W/LOC 30 MIN/LESS INIT	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBARACHNOID HEMORRHAGE W/O LOC INIT	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEM LOC 1-5HR 59 MIN INIT ENC	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORR W/LOC 30 MIN/LESS INIT	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROSURGERY	Approved	3		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	SURGERY-NEUROLOGY	Approved	4		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR SUB	SURGERY-NEUROLOGY	Approved	2		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC INITIAL	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TREMOR UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRIGEMINAL NEURALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	HEMATOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	Unknown	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	Unknown	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	UNS INTRACRAN INJURY LOC 30 MIN/LESS INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNS INTRACRANIAL INJURY W/O LOC INITIAL ENCOUNTR	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNS SYMPTOMS & SIGNS INVOLV THE NERVOUS SYSTEM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	UNSPECIFIED CONVULSIONS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED DISORDER OF EAR UNSPECIFIED EAR	HEMATOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED DISORDER OF EYELID	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED FALL INITIAL ENCOUNTER	HOSPITAL	Approved	2		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED FALL INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED FALL INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	UNSPECIFIED FALL SEQUELA	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0

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CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	EMERGENCY MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	8		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	GENERAL PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	10		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	OTHER	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	PEDIATRICS	Approved	4		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD SUBSEQUENT ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INTRACRANIAL INJ W/LOC UNS DUR INIT	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INTRACRANIAL INJ W/LOC UNS DUR INIT	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	OPHTHALMOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED VISUAL FIELD DEFECTS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	2		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ANESTHESIA OF SKIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ATTENTION AND CONCENTRATION DEFICIT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	BENIGN INTRACRANIAL HYPERTENSION	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF PITUITARY GLAND	ENDOCRINOLOGY	Approved	1		0		0

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CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CEREBRAL ANEURYSM NONRUPTURED	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CONGENITAL CEREBRAL CYSTS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CONTUSION UNS PART HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CUTANEOUS ABSCESS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIPLOPIA	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DISORDER OF BONE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DISORDER OF BRAIN UNSPECIFIED	OPHTHALMOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

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CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	EPISODIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	EPISODIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	EPISODIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	FACIAL WEAKNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	GROSS HEMATURIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	FAMILY PRACTICE	Approved	14		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	INTERNAL MEDICINE	Approved	4		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	OPTOMETRY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HYPOPITUITARISM	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	ISCHEMIC OPTIC NEUROPATHY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	RADIATION ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF NASAL CAVITY	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF NASAL CAVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/JUNDESCEND	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/JUNDESCEND	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MULTIPLE SCLEROSIS	OPHTHALMOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	NEW DAILY PERSISTENT HEADACHE	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	NEW DAILY PERSISTENT HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	CARDIOLOGIST	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	1		0		0

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CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER AMNESIA	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER AMNESIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER AMNESIA	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER AMNESIA	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER PERIPHERAL VERTIGO BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER RHEUMATIC TRICUSPID VALVE DISEASES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PARESTHESIA OF SKIN	DERMATOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PARESTHESIA OF SKIN	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SECONDARY MALIGNANT NEOPLASM OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SECONDARY MALIGNANT NEOPLASM UNS ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SYNCOPE AND COLLAPSE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SYNCOPE AND COLLAPSE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0

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CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TINNITUS BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TINNITUS BILATERAL	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED CHOLESTEATOMA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED CHOLESTEATOMA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED EXOPHTHALMOS	OPTOMETRY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED VISUAL DISTURBANCE	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	WEAKNESS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD/BRAIN W/DYE	CEREBROSPINAL FLUID LEAK	Facility	Approved	1		0		0
CT HEAD/BRAIN W/DYE	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	HOSPITAL	Approved	1		0		0
CT HEAD/BRAIN W/O & W/DYE	TINNITUS, BILATERAL	HOSPITAL	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	CONTUSION OF EYEBALL AND ORBITAL TISSUES, UNSP EYE, INIT	Facility	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	DIZZINESS AND GIDDINESS	Pediatrics	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	ENCNTR FOR EXAM FOR NRML CMPSRN AND CTRL IN CLNCL RSRCH PROG	Ancillary	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	OTHER AMNESIA	RADIOLOGY	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	TRAUM SUBDR HEM W LOC OF 1-5 HRS 59 MIN, INIT	RADIOLOGY	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	TRAUM SUBDR HEM W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
CT HEAD/BRAIN W/O DYE	TRAUM SUBDR HEM W/O LOSS OF CONSCIOUSNESS, SUBS	HOSPITAL	Approved	2		0		0
CT HEAD/BRAIN W/O DYE	UNSPECIFIED FALL, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0

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CT HEART WCONTRAST MATERIAL FOR EVAL CARDIAC STRUCTURE & MORPHOLOGY; TX ATRIAL FIB PULM VEIN ISOL;	I48.0 - Paroxysmal atrial fibrillation	Internal Medicine-Clinical Cardiac electrophysiology	Approved	1		0		0
CT HRT W/3D IMAGE CONGEN	VENTRICULAR SEPTAL DEFECT	Facility	Approved	1		0		0
CT Limited or Localized Follow-up study	ACUTE PANSINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Limited or Localized Follow-up study	ACUTE RECURRENT SINUSITIS UNSPECIFIED	PEDIATRICS	Approved	1		0		0
CT Limited or Localized Follow-up study	ACUTE SINUSITIS UNSPECIFIED	PEDIATRICS	Approved	1		0		0
CT Limited or Localized Follow-up study	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT Limited or Localized Follow-up study	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Limited or Localized Follow-up study	CHRONIC SINUSITIS UNSPECIFIED	PEDIATRICS ALLERGIST	Approved	1		0		0
CT Limited or Localized Follow-up study	CHRONIC SINUSITIS UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT Limited or Localized Follow-up study	COUGH	PEDIATRICS	Approved	1		0		0
CT Limited or Localized Follow-up study	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
CT Limited or Localized Follow-up study	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Limited or Localized Follow-up study	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	CELLULITIS OF LEFT LOWER LIMB	INTERNAL MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	DISORDER OF BONE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	FX UNS METATARSAL BONES LT FOOT SUBSQT FX NONUN	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	PAIN IN LEG UNSPECIFIED	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	SPONTANEOUS RUPTURE OF OTHER TENDONS UNS THIGH	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections	Unknown	ORTHOPEDIC SURGERY	Approved	1		0		0
CT LOWER EXTREMITY W/O DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HOSPITAL	Approved	1		0		0
CT LOWER EXTREMITY W/O DYE	SECONDARY MALIGNANT NEOPLASM OF BONE	HOSPITAL	Approved	1		0		0
CT Lower Extremity; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT Lower Extremity; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	NON-PRSS CHR ULCR OTH PART UNS FOOT UNS SEVERITY	NEPHROLOGY	Approved	1		0		0
CT Lower Extremity; with contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT Lower Extremity; with contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Lower Extremity; with contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	PAIN UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT Lower Extremity; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ANESTHESIOLOGY	Approved	1		0		0
CT Lower Extremity; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	1		0		0
CT Lower Extremity; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	TRAUMATIC ARTHROPATHY RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; with contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	ANESTHESIA OF SKIN	OTHER	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	ANTERIOR TIBIAL SYNDROME UNSPECIFIED LEG	ORTHOPEdic - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	BENIGN LIPOMATOUS NEOPLASM UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEdic	Approved	3		0		0
CT Lower Extremity; without contrast material	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	CAUSALGIA OF LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	CELLULITIS OF LEFT LOWER LIMB	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	CELLULITIS OF LEFT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	CHARCOTS JOINT RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	CONTUSION OF LEFT KNEE INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISLOC TARSOMETATARSAL JOINT LT FOOT INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISLOC TARSOMETATARSAL JOINT LT FOOT SUBSQ ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISLOC TARSOMETATARSAL JOINT UNS FOOT INIT ENC	ORTHOPEdic SURGERY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	DISLOCATION MTP JOINT RT GREAT TOE INITIAL ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	DISORDER OF BONE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL BICONDYLAR FX RT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	3		0		0
CT Lower Extremity; without contrast material	DISPL BIMALLEOLAR FX LT LOW LEG INIT CLOSED FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL COMMNT FX SHAFT LT TIBIA SUBS CLOS FX RTN	SURGERY-HAND	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL COMMNT FX SHAFT LT TIBIA SUBS OPEN III NU	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL FX LAT MALLEOLUS RT FIB SUBS CLOS NONUNION	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL INTRATICLR FX LT CALCAN INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL TRIMALLEOLAR FX LT LOW LEG INIT CLOS FX	PREVENTIVE MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL TRIMALLEOLAR FX LT LOW LEG INIT CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL TRIMALLEOLAR FX RT LOW LEG INIT CLOS FX	SURGERY-ORTHOPEdic	Approved	3		0		0
CT Lower Extremity; without contrast material	DISPLACED AVUL FX LT TALUS INITIAL ENC CLOS FX	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	DISPLACED AVUL FX RT TALUS INITIAL ENC CLOSED FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX 5TH METATARSAL LT FT INIT CLOS FX	GENERAL PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX 5TH METATARSAL RT FT SUBSQ FX RTN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX BODY LT CALCANEUS INITIAL CLOSED FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX BODY RT CALCANEUS INITIAL CLOSED FX	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX CUBOID BN RT FOOT INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	DISPLACED FX LAT CONDYLE RT TIBIA INIT CLOS FX	SPORTS MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX NAVICULAR RT FOOT SUBSQ ENC FX NU	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX POST PROCESS RT TALUS SBSQ FX RTN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED PILON FX LT TIBIA INIT ENC CLOSED FX	SURGERY-ORTHOPEdic	Approved	2		0		0

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CT Lower Extremity; without contrast material	DISPLACED PILON FX LT TIBIA SUBSQT CLOS RTN HEAL	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	EFFUSION RIGHT ANKLE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Lower Extremity; without contrast material	EFFUSION UNSPECIFIED JOINT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	EFFUSION UNSPECIFIED KNEE	SURGERY-ORTHOPEdic	Approved	3		0		0
CT Lower Extremity; without contrast material	FLAT FOOT PES PLANUS ACQUIRED RIGHT FOOT	REPRODUCTIVE ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	FX UNS METATARSAL BONES RT FOOT SUBSQT FX RTN HL	SURGERY-PODIATRIST	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	HALLUX RIGIDUS LEFT FOOT	PREVENTIVE MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	HALLUX RIGIDUS RIGHT FOOT	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	HALLUX RIGIDUS RIGHT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	HALLUX VALGUS ACQUIRED LEFT FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	HALLUX VALGUS ACQUIRED LEFT FOOT	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	HEREDITARY MOTOR AND SENSORY NEUROPATHY	SURGERY-PODIATRIST	Approved	1		0		0
CT Lower Extremity; without contrast material	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	LOOSE BODY IN UNSPECIFIED JOINT	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	MECH LOOSENING INTRL LT KNEE PROSTH JNT INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	NDSPL FX MED MALLEOLUS RT TIBIA INIT ENC CLOS FX	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Lower Extremity; without contrast material	NDSPL FX MED MALLEOLUS RT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	NDSPLC COMM FX SHAFT RT FEMUR SUB ENC CLOS FX NU	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	NONDISPLACED PILON FX LT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX 2ND METATARSAL RT FT SUBSQT FX NONUN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX 5TH METATARSAL RT FT INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX BODY LT CALCANEUS INITIAL CLOSED FX	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX FIRST METATARSAL LT FT INIT CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX FIRST METATARSAL LT FT SUBSQT FX NU	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPLC FX CUBOID BN RT FOOT INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPLC FX LAT CUNEIFORM LT FOOT INIT CLOS FX	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	NON-PRSS CHR ULCR OTH PRT RT FOOT FAT LAY EXPOS	PODIATRY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	OSTEOARTHRITIS OF KNEE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	OSTEOARTHRITIS OF KNEE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH FX RT LOWER LEG SUBSQT CLOS FX NONUNION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	OTH FX RT LOWER LEG SUBSQT ENC CLOS FX RTN HEAL	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH FX UPPER & LOWER LT FIBULA INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	HOSPITAL	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	PODIATRY	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER CHRONIC OSTEOYELITIS LEFT TIBIA & FIBULA	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0

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CT Lower Extremity; without contrast material	OTHER CHRONIC OSTEOMYELITIS RIGHT THIGH	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER CYST OF BONE RIGHT ANKLE AND FOOT	SURGERY-PODIATRIST	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER CYST OF BONE UNSPECIFIED SITE	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER INSTABILITY LEFT ANKLE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER INSTABILITY LEFT FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER INSTABILITY LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPEC FX LT PUBIS INITIAL CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPECIFIC JOINT DERANGEMENTS RT ANKLE NEC	PODIATRY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED ARTHRITIS LEFT ANKLE AND FOOT	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED D/O SYNOVIUM TENDON OTHER SITE	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	OTHER SYNOVITIS & TENOSYNOVITIS LT ANKLE & FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	Imaging Center	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	PREVENTIVE MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN LEFT FOOT	SPORTS MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT FOOT	SURGERY-ORTHOPEdic	Approved	6		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT FOOT	SURGERY-PODIATRIST	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEdic	Approved	3		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT LEG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT SHOULDER	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Approved	2		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	Imaging Center	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	NURSE PRACTITIONER	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	PODIATRY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEdic	Approved	5		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT Lower Extremity; without contrast material	PAIN IN RIGHT FOOT	PODIATRY	Approved	3		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT HIP	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	4		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT LOWER LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT THIGH	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT TOES	SPORTS MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN UNSPECIFIED ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN UNSPECIFIED FOOT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN UNSPECIFIED FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN UNSPECIFIED JOINT	INTERNAL MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN UNSPECIFIED LIMB	PAIN MANAGEMENT	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	SURGERY-VASCULAR	Approved	1		0		0
CT Lower Extremity; without contrast material	PERSONAL HISTORY OF HEALED TRAUMATIC FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	POLYCYTHEMIA VERA	ONCOLOGY	Approved	1		0		0
CT Lower Extremity; without contrast material	POSTERIOR TIBIAL TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	POST-TRAUMATIC OSTEOARTHRITIS RIGHT ANKLE & FOOT	PREVENTIVE MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	POST-TRAUMATIC OSTEOARTHRITIS RIGHT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	3		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	SURGERY-PODIATRIST	Approved	1		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	SALTER-HARIS TYP III PHYS FX LOW RT TIB INIT CLO	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	SHORT ACHILLES TENDON ACQUIRED LEFT ANKLE	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	SOLITARY BONE CYST RIGHT ANKLE AND FOOT	SURGERY-PODIATRIST	Approved	1		0		0
CT Lower Extremity; without contrast material	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQ ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	SPRAIN DELTOID LIGAMENT RT ANKLE INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	SPRAIN DELTOID LIGAMENT RT ANKLE INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	SPRAIN TARSOMETATARSAL LIGAMENT LT FOOT INIT ENC	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	SPRAIN UNS LIGAMENT RIGHT ANKLE SUBSEQUENT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	STRAIN MUSCLE FASCIA TENDON RT HIP SUBSQ ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	STRESS FRACTURE LT FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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CT Lower Extremity; without contrast material	STRESS FRACTURE LT TIBIA INITIAL ENC FRACTURE	SPORTS MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	STRESS FRACTURE LT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-PODIATRIST	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	STRESS FX RT ANKLE SUBSEQUENT ENC FX NONUNION	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	TRAUMATIC ARTHROPATHY RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNEQUAL LIMB LENGTH ACQUIRED RIGHT FEMUR	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Lower Extremity; without contrast material	UNEQUAL LIMB LENGTH ACQUIRED RIGHT FEMUR	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	Imaging Center	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	25		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Denied	9	Services are not medically necessary	9		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	5		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	18		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	10	Services are not medically necessary	10		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS UNS HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	Unknown	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	Unknown	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE LEFT CALCANEUS INITIAL CLOSED FX	SPORTS MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE LT FOOT INITIAL ENC CLOS FRACTURE	NURSE PRACTITIONER	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE LT TALUS SUBSQ ENC FX DELAY HEAL	SURGERY-PODIATRIST	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE RIGHT CALCANEUS INITIAL CLOSED FX	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE RT FOOT INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE RT FOOT SUBSQ ENC FX NONUNION	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE RT TALUS INITIAL ENC CLOS FRACTURE	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE RT TALUS INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE SHAFT RT TIBIA INIT ENC CLOS FX	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE UPPER LT TIBIA INIT ENC CLOSED FX	INTERNAL MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FX LT LOWER LEG SUBSQ CLOS ROUTINE HEAL	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS SLIP UPPER FEM EPIPHYSIS NONTRAUMATIC RT HIP	PEDIATRIC ORTHOPEDIST	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	UNSPECIFIED INJURY LEFT FOOT INITIAL ENCOUNTER	ORTHOPEdic SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNSPECIFIED INJURY LEFT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lower Extremity; without contrast material	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	OTHER	Approved	1		0		0
CT Lower Extremity; without contrast material	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	PODIATRY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	VARUS DEFORMLTY NEC RIGHT ANKLE	ORTHOPEdic SURGERY	Approved	1		0		0

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CT Lower Extremity; without contrast material	VARUS DEFORMITY NEC RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	VARUS DEFORMITY NEC UNSPECIFIED ANKLE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT LUMBAR SPINE W/DYE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
CT LUMBAR SPINE W/O DYE	CAUSALGIA OF RIGHT LOWER LIMB	HOSPITAL	Approved	1		0		0
CT LUMBAR SPINE W/O DYE	ENCNTR FOR EXAM FOR NRML CMPRSN AND CTRL IN CLNCL RSRCH PROG	Ancillary	Approved	1		0		0
CT Lumbar Spine; with contrast material	ARTHRODESIS STATUS	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; with contrast material	ARTHROPATHY UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; with contrast material	BENIGN NEOPLASM OF PELVIC BONES SACRUM & COCCYX	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	CERVICALGIA	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; with contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	DORSALGIA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT Lumbar Spine; with contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Imaging Center	Approved	1		0		0
CT Lumbar Spine; with contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; with contrast material	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; with contrast material	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	LOW BACK PAIN	GYNECOLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	LOW BACK PAIN	ONCOLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT Lumbar Spine; with contrast material	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	3		0		0
CT Lumbar Spine; with contrast material	LOW BACK PAIN	PULMONARY DISEASES	Approved	1		0		0
CT Lumbar Spine; with contrast material	LOW BACK PAIN	SURGERY-ORTHOPEdic	Approved	3		0		0
CT Lumbar Spine; with contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	NEOPLASM RELATED PAIN ACUTE CHRONIC	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0

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CT Lumbar Spine; with contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lumbar Spine; with contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; with contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTHER DISORDERS OF OPTIC NERVE NEC BILATERAL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	OTHER SPECIFIED DISEASES OF SPINAL CORD	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	OTHER SPONDYLOSIS LUMBOSACRAL REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	PAIN IN LEFT THIGH	GYNECOLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	ONCOLOGY	ONCOLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; with contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	4		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Approved	1		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	6		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	6		0		0
CT Lumbar Spine; with contrast material	SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPINAL STENOSIS SITE UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	3		0		0
CT Lumbar Spine; with contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	2		0		0
CT Lumbar Spine; with contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lumbar Spine; with contrast material	Spinal stenosis, lumbar region without neurogenic claud	NEUROSURGERY	Approved	3		0		0
CT Lumbar Spine; with contrast material	Spinal stenosis, lumbar region without neurogenic claud	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-NEUROLOGY	Approved	2		0		0
CT Lumbar Spine; with contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	SPONDYLOSIS UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Approved	2		0		0
CT Lumbar Spine; with contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; with contrast material	SUBLUXATION L3/L4 LUMBAR VERTEBRA INITIAL ENCNR	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; with contrast material	Unknown	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	UNSPECIFIED KYPHOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0

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CT Lumbar Spine; with contrast material	UNSPECIFIED KYPHOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; with contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	ACUTE STRESS REACTION	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACOLUMB RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	AGE-REL OP W/CURR PATH FX VERTEBRAE INIT ENC FX	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	ARTHRODESIS STATUS	SURGERY-HAND	Approved	1		0		0
CT Lumbar Spine; without contrast material	ARTHRODESIS STATUS	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lumbar Spine; without contrast material	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	BENIGN NEOPLASM OF PELVIC BONES SACRUM & COCCYX	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	BREAKDOWN OTH INTRL ORTHO DEVC IMPL GFT SUB ENC	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	COLLAPSED VERTEBRA NEC SITE UNS INIT ENC FX	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	CYST OF KIDNEY ACQUIRED	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	FLATBACK SYNDROME LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	FOOT DROP LEFT FOOT	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	FOOT DROP RIGHT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	FUSION OF SPINE CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	FUSION OF SPINE LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	INFLAMMATORY POLYARTHRITIS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LIMITED MANDIBULAR RANGE OF MOTION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Approved	7		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	9	Services are not medically necessary	9		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	NEUROSURGERY	Approved	6		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	OTHER	Approved	1		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	PULMONARY DISEASES	Approved	1		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	SPORTS MEDICINE	Approved	1		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	6		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Approved	1		0		0

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CT Lumbar Spine; without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	NEUROMUSCULAR SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	NEUROMUSCULAR SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH FRACTURE SHAFT UNS FIBULA INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	2		0		0
CT Lumbar Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	NEUROSURGERY	Approved	2		0		0
CT Lumbar Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	OTHER CHRONIC PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Approved	2		0		0
CT Lumbar Spine; without contrast material	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTHER INTERVERTEBRAL DISC DISORDER LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTHER SPECIFIED ARTHRITIS MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	3		0		0
CT Lumbar Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0

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CT Lumbar Spine; without contrast material	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	PAIN IN RIGHT SHOULDER	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Approved	1		0		0
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	3		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Approved	2		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	8		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	5		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SACROCOCCYGEAL DISORDERS NEC	NURSE PRACTITIONER	Approved	1		0		0
CT Lumbar Spine; without contrast material	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Approved	1		0		0
CT Lumbar Spine; without contrast material	SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SCOLIOSIS UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SECONDARY MALIGNANT NEOPLASM OF BRAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPINAL STENOSIS THORACIC REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Approved	1		0		0

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CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	4		0		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	ANESTHESIOLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	NEUROSURGERY	Approved	2		0		0
CT Lumbar Spine; without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	SURGERY-NEUROLOGY	Approved	3		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS UNSPECIFIED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lumbar Spine; without contrast material	STABLE BURST FX 5TH LUMB VERT SUB ENC FX RTN HLN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	UNSPECIFIED CORD COMPRESSION	ANESTHESIOLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	UNSPECIFIED CORD COMPRESSION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	UNSPECIFIED CORD COMPRESSION	NEUROSURGERY	Approved	1		0		0

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CT Lumbar Spine; without contrast material	UNSPECIFIED KYPHOSIS THORACOLUMBAR REGION	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	WEDGE COMPRS FX 1ST LUMB VERT SUB ENC FX RTN HLN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material	WEDGE COMPRS FX 1ST LUMBAR VERTEBRA SEQUELA	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	WEDGE COMPRS FX 3RD LUMBAR VERT INIT ENC CLOS FX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	WEDGE COMPRS FX T11-T12 VERT SUB ENC FX RTN HLNG	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	WEDGE COMPRS FX UNS THOR VERT SUB ENC FX RTN HLN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	LOW BACK PAIN	FAMILY PRACTICE	Approved	2		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	LOW BACK PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	LOW BACK PAIN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	LOW BACK PAIN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	MONOARTHRITIS NEC UNSPECIFIED SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	OSTEOMYELITIS OF VERTEBRA LUMBOSACRAL REGION	INTERNAL MEDICINE	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0

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CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	RADICULOPATHY THORACOLUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	SCIATICA UNSPECIFIED SIDE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT MAXILLOFACIAL W/O DYE	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	CHRONIC MAXILLARY SINUSITIS	Internal Medicine	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	CHRONIC RHINITIS	HOSPITAL	Approved	2		0		0
CT MAXILLOFACIAL W/O DYE	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	CHRONIC SINUSITIS, UNSPECIFIED	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	CHRONIC SINUSITIS, UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	DIZZINESS AND GIDDINESS	Facility	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	LOCALIZED SWELLING, MASS AND LUMP, HEAD	HOSPITAL	Approved	1		0		0
CT MAXILLOFACIAL W/O DYE	MALOCCLUSION, ANGLE'S CLASS II	Family Medicine	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ABNORMAL RESULTS OF THYROID FUNCTION STUDIES	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE & SUBACUTE ALLERGIC OTITIS MEDIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE LYMPHADENITIS OF FACE HEAD AND NECK	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE LYMPHADENITIS OF FACE HEAD AND NECK	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE LYMPHADENITIS OF FACE HEAD AND NECK	OPHTHALMOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE PHARYNGITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE PHARYNGITIS UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE RECURRENT SIALOADENITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE SIALOADENITIS	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE SIALOADENITIS	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE SIALOADENITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE SIALOADENITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ANAPLASTIC LCL ALK-NEGATIVE UNSPECIFIED SITE	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	ANAPLASTIC LCL EXTRANODAL & SOLID ORGAN SITES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	ATYP SQ CELL CANNOT EXCLUD HGSIL CYTOL SMER ANUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	BARRETTES ESOPHAGUS WITHOUT DYSPLASIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	BASAL CELL CARCINOMA OF SKIN OF NOSE	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN LIPOMATOUS NEO SKIN SUBQ HEAD FACE NECK	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF CAROTID BODY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF OTHER SPECIFIED SITES	SURGERY-HEAD AND NECK	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF PAROTID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF PAROTID GLAND	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	OTHER IMMUNOHEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CELLULITIS AND ABSCESS OF MOUTH	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	INTERNAL MEDICINE	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	NURSE PRACTITIONER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICOFACIAL ACTINOMYCOSIS	Physician	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HOSPITAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC MYELOPROLIFERATIVE DISEASE	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC PHARYNGITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC PHARYNGITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC RHINITIS	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CONGENITAL MALFORMATIONS OTHER ENDOCRINE GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	COUGH	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CRAMP AND SPASM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CUTANEOUS ABSCESS OF NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE FOLLICLE CENTER LYMPHOMA NODES MX SITE	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DISORDER OF BRAIN UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA ORAL PHASE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA ORAL PHASE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA PHARYNGOESOPHAGEAL PHASE	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHAGIA UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHASIA	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DYSPHONIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	SURGERY-THORACIC	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	RADIATION ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	FELTYS SYNDROME UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FEVER UNSPECIFIED	Imaging Center	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GR IIIA EXTRANOD SOLID ORGN	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	ONCOLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	RADIATION ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIB NODES AX UP LIMB	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	RHEUMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HEMOPTYSIS	SURGERY-HEAD AND NECK	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNS EXTRANODAL SOLID ORGAN SITE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNS EXTRANODAL SOLID ORGAN SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
		OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	Physician	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	SURGERY	Approved	1		0		0
		OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPERTROPHY OF SALIVARY GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HYPERTROPHY TONSILS WITH HYPERTROPHY OF ADENOIDS	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPOTHYROIDISM UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	KAPOSI SARCOMA OF SKIN	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LEUKOPLAKIA OF ORAL MUCOSA INCLUDING TONGUE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	ENDOCRINOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	6		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	7	Services are not medically necessary	7		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
		OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	SLEEP MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
		ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	8		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
		DENTIST-ORTHODONTURE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	26		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	HEMATOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	HOSPITAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	Imaging Center	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Approved	10		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	NEUROLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	NURSE PRACTITIONER	Approved	2		0		0
		OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
		OTOLARYNGOLOGIST (ENT)	Approved	49		0		0

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CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Denied	9	Services are not medically necessary	9		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	PEDIATRICS	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	Physician	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	PLASTIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-HEAD AND NECK	Approved	6		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-HEAD AND NECK	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	HEMATOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	RADIATION ONCOLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	HEMATOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	PLASTIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM CONN SOFT TISS HEAD FACE NECK	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	5		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGEON - BREAST	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM LATERAL WALL OF NASOPHARYNX	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	HEMATOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	NURSE PRACTITIONER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	RADIATION ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	RADIATION THERAPY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BORDER OF TONGUE	NURSE PRACTITIONER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BORDER OF TONGUE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	RADIATION ONCOLOGY	Approved	2		0		0

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CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GUM UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GUM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HARD PALATE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MANDIBLE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MANDIBLE	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF NASAL CAVITY	NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF NASAL CAVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF NASAL CAVITY	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PYRIFORM SINUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF SOFT PALATE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF SOFT PALATE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF SOFT PALATE	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	NURSE PRACTITIONER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	6		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	PEDIATRICS	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY-GENERAL	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY-HEAD AND NECK	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES NASOPHARYNX	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OROPHARYNX	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OROPHARYNX	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HOSPITAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	HEMATOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MELANOMA IN SITU OF OTHER PART OF TRUNK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MUCOCELE OF SALIVARY GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	DERMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MYCOSIS FUNGOIDES UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	SURGERY-NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	CRANIOMAXILLOFACIAL SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ENDOCRINOLOGY	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM UNCERT BHV LYMPHOID HP & REL TISSUE UNS	OTHER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM UNCERTAIN BHV PAROTID SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM UNCERTAIN BHV PAROTID SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRATHORACIC NODES	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NODULR LYMPHCYT PREDOM HL INTRATHORACIC NODES	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	NODULR LYMPHCYT PREDOM HODGKIN LYMPHOMA UNS SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	NONSPECIFIC LYMPHADENITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC GOITER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC MULTINODULAR GOITER	ENDOCRINOLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC MULTINODULAR GOITER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC MULTINODULAR GOITER	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	SURGERY-GENERAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTALGIA BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTALGIA LEFT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; with contrast material(s)	OTALGIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTALGIA LEFT EAR	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTALGIA UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTH CLASSICAL HL XTRANOD & SOLID ORGAN SITE	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	OTHER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTH NON-FOLLICULAR LYMPHOMA NODES MULTIPLE SITE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	PLASTIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTH SPEC NONINFECTIVE D/O LYMPH VESSELS & NODES	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER ABSCESS OF PHARYNX	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER ALLERGIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER BENIGN NEOPLASM OF SKIN OF SCALP AND NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER CHRONIC PAIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER CYSTS OF JAW	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF SALIVARY GLANDS	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF SALIVARY GLANDS	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF SALIVARY GLANDS	INTERNAL MEDICINE	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISORDERS OF LUNG	SURGERY-THORACIC	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DYSPHAGIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SOMATOFORM DISORDERS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; with contrast material(s)	OTHER SPEC MALIGNANT NEOPLASM SKIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SPEC MALIGNANT NEOPLASM SKIN UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SPECIFIED NONTOXIC GOITER	NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SPECIFIED NONTOXIC GOITER	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	PAIN IN THROAT	PEDIATRIC ENDOCRINOLOGIST	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PARAGEUSIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	PERIAPICAL ABSCESS WITH SINUS	Imaging Center	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERITONSILLAR ABSCESS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERITONSILLAR ABSCESS	PEDIATRICS	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TONGUE	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX MAL NEO OTH SITE LIP ORL CAV&PHARYNX	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX MAL NEO OTH SITE LIP ORL CAV&PHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX MAL NEO OTH SITE LIP ORL CAV&PHARYNX	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX MAL NEO OTH SITE LIP ORL CAV&PHARYNX	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX MAL NEO UNS SITE LIP ORL CAV&PHARYNX	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX MAL NEO UNS SITE LIP ORL CAV&PHARYNX	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX MALIG NEOPLASM OTH ORGANS & SYSTEMS	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	POLYP OF VOCAL CORD AND LARYNX	NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	POSTPROCEDURAL HYPOTHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	POSTPROCEDURAL HYPOTHYROIDISM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	PREAURICULAR SINUS AND CYST	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PRIMARY HYPERPARATHYROIDISM	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	RETROPHARYNGEAL AND PARAPHARYNGEAL ABSCESS	URGENT CARE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	ONCOLOGY	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	SECONDARY & UNS MALIG NEOPLASM LYMPH NODE UNS	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SECONDARY POLYCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	SHORTNESS OF BREATH	PULMONARY DISEASES	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SIALOADENITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
CT NECK Soft Tissue; with contrast material(s)	SIALOLITHIASIS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	5		0		0
CT NECK Soft Tissue; with contrast material(s)	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	SOFT TISSUE DISORDER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SOLITARY PULMONARY NODULE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SOLITARY PULMONARY NODULE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP & NECK	DERMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP & NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SQUAMOUS CELL CARCINOMA SKIN OTHER PARTS OF FACE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	STENOSIS OF LARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	STRAIN MUSC FASC & TENDON NECK LEVEL SUBSQT ENC	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	STREPTOCOCCAL PHARYNGITIS	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	THYROTOXICOS TOXIC 1 TH NODUL NO THYROTOX CRISIS	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	ONCOLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	Unknown	NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	Unknown	THORACIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	UNS B-CELL LYMPHOMA LYMPH OF NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	UNS MALIGNANT NEOPLASM SKIN OTHER PARTS FACE	SURGERY-GENERAL	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	UNS SYMPTOMS & SIGNS INVOLV THE NERVOUS SYSTEM	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	UNSPECIFIED OBSTRUCTION EUSTACHIAN TUBE BILAT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	UNSPECIFIED SENSORINEURAL HEARING LOSS	HOSPITAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	WALDENSTROM MACROGLOBULINEMIA	ONCOLOGY	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ACUTE LYMPHADENITIS OF FACE HEAD AND NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ACUTE LYMPHADENITIS OF FACE HEAD AND NECK	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ACUTE PHARYNGITIS UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ANEURYSM OF UNSPECIFIED SITE	NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CERVICALGIA	DIABETES & METABOLISM	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CERVICALGIA	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CERVICALGIA	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CERVICALGIA	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CERVICALGIA	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CHRONIC PHARYNGITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CUTANEOUS ABSCESS OF NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CUTANEOUS ABSCESS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DENTOFACIAL ANOMALY UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DISEASE OF SALIVARY GLAND UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0

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CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DYSPHAGIA UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ENLARGED LYMPH NODES UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	FEVER UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	FOLLICULAR LYMPHOMA GRADE I INTRATHORACIC NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	DENTIST-ORTHODONTURE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	OTHER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HEADACHE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERCALCEMIA	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	ENDOCRINOLOGY	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	SURGERY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPOPARATHYROIDISM UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPOTHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	IDIOPATHIC URTICARIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	2		0		0

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CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP HEAD	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP HEAD	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP HEAD	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	6		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	10	Services are not medically necessary	10		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	Imaging Center	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Approved	3		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Denied	7	Services are not medically necessary	7		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	OTHER	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	OTHER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Denied	5	Services are not medically necessary	5		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	Physician	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT MELANOMA OF SCALP AND NECK	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONN SOFT TISS HEAD FACE NECK	RADIATION ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF NASAL CAVITY	NEUROLOGY	Approved	1		0		0

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CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF NASAL CAVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF THYROID GLAND	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY-GENERAL	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MONOCLONAL GAMMOPATHY	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MUCOCELE OF SALIVARY GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MYCOSIS FUNGOIDES UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NEOPLASM UNCERTAIN BEHAVIOR SUBMAND SALIV GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NEOPLASM UNCERTAIN BHV PAROTID SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NONTOXIC MULTINODULAR GOITER	ENDOCRINOLOGY	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NONTOXIC MULTINODULAR GOITER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NONTOXIC SINGLE THYROID NODULE	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	OTHER DISEASES OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	OTHER DISEASES OF SALIVARY GLANDS	FAMILY PRACTICE	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	OTHER DISEASES OF SALIVARY GLANDS	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	OTHER DISEASES OF SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	OTHER NONSPECIFIC LYMPHADENITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	OTHER VOICE AND RESONANCE DISORDERS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PAIN UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	POLYP OF VOCAL CORD AND LARYNX	NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	GENERAL SURGERY	Approved	4		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	SHORTNESS OF BREATH	PULMONARY DISEASES	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	SHORTNESS OF BREATH	PULMONARY DISEASES	Denied	4	Services are not medically necessary	4		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	SIALOADENITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	SIALOLITHIASIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	SOLITARY PULMONARY NODULE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	STREPTOCOCCAL PHARYNGITIS	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	THYROTOXICOSIS UNS W/O THYROTOXIC CRISIS/STORM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	Unknown	THORACIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	UNSPECIFIED VOICE RESONANCE DISORDER	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	ACUTE PHARYNGITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	AMAUROSIS FUGAX	OTHER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	2		0		0
CT NECK Soft Tissue; without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast material	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	CHRONIC DISEASE TONSILS AND ADENOIDS UNSPECIFIED	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	CONGENITAL MALFORMATION RESPIRATORY SYSTEM UNS	SURGERY-THORACIC	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast material	COUGH	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast material	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; without contrast material	EDEMA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	ENLARGED LYMPH NODES UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	ENLARGED LYMPH NODES UNSPECIFIED	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	FOLLICULAR LYMPHOMA GRADE II NODES MULTI SITES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; without contrast material	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	HYPERTROPHY OF SALIVARY GLAND	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	LARYNGEAL SPASM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	2		0		0
CT NECK Soft Tissue; without contrast material	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	4		0		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	PLASTIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast material	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	MALIGNANT NEOPLASM OF GLOTTIS	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	DIABETES & METABOLISM	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	NEOPLASM UNCERTAIN BEHAVIOR SUBMAND SALIV GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	NONSPECIFIC LYMPHADENITIS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	NONTOXIC DIFFUSE GOITER	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	OTH NON-FOLLICULAR LYMPHOMA NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	OTHER CHRONIC SINUSITIS	Imaging Center	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	OTHER DISEASES OF SALIVARY GLANDS	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	OTHER FORMS OF DYSPNEA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	OTHER SPECIFIED HYPOTHYROIDISM	FAMILY PRACTICE	Approved	1		0		0

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CT NECK Soft Tissue; without contrast material	PAIN IN THROAT	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	POSTPROCEDURAL SUBGLOTTIC STENOSIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	RETROPHARYNGEAL AND PARAPHARYNGEAL ABSCESS	URGENT CARE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	SIALOADENITIS UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
CT NECK Soft Tissue; without contrast material	SIALOADENITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	SIALOLITHIASIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	SOFT TISSUE DISORDER UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	STRAIN MUSC FASC & TENDON NECK LEVEL SUBSQT ENC	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	STRAIN MUSC FASC & TENDON NECK LEVEL SUBSQT ENC	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	STREPTOCOCCAL PHARYNGITIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	THYROTOXICOS DIFFUS GOITER THYROTOX CRISIS/STORM	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	Unknown	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	Unknown	THORACIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	UNSPEC NONDISPLACED FX 2ND CERV VERT SUB FX RTN	NEUROSURGERY	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	UNSPEC NONDISPLACED FX 2ND CERV VERT SUB FX RTN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	UNSPECIFIED CORD COMPRESSION	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	VITAMIN D DEFICIENCY UNSPECIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK SPINE W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
CT NECK SPINE W/O DYE	CERVICALGIA	HOSPITAL	Approved	1		0		0
CT NECK SPINE W/O DYE	INTVRT DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	HOSPITAL	Approved	1		0		0
CT NECK SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	HOSPITAL	Approved	1		0		0
CT NECK SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	RADIOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	AUTOIMMUNE THYROIDITIS	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	CHRONIC SEROUS OTITIS MEDIA UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	CONDUCT HL UNI LT EAR UNRESTRIC CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	CONDUCT HL UNI LT EAR UNRESTRIC CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	DISORDER OF PITUITARY GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	IMPACTED CERUMEN BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	ISCHEMIC OPTIC NEUROPATHY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	INTERNAL MEDICINE	Approved	1		0		0

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CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	MALIGNANT OTITIS EXTERNA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	NULL	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	OTALGIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	OTALGIA LEFT EAR	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	OTALGIA RIGHT EAR	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	OTORRHEA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	UNSPECIFIED CHOLESTEATOMA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	UNSPECIFIED MASTOIDITIS LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ABNORMAL AUDITORY FUNCTION STUDY	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ABNORMAL RESULTS FUNCTION STUDIES OTH ORGN & SYS	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	AC SUPPURATIVE OM W/O RUPT EAR DRUM RECUR BILAT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ACUTE SEROUS OTITIS MEDIA BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ACUTE SUPPURATIVE OM W/O RUPT EAR DRUM LT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	AURAL VERTIGO UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	BELLS PALSY	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	BENIGN NEOPLASM OF CRANIAL NERVES	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	INTERNAL MEDICINE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CENTRAL PERFORATION OF TYMPANIC MEMB BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CENTRAL PERFORATION OF TYMPANIC MEMBRANE LT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CENTRAL PERFORATION OF TYMPANIC MEMBRANE LT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CENTRAL PERFORATION OF TYMPANIC MEMBRANE LT EAR	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CENTRAL PERFORATION OF TYMPANIC MEMBRANE RT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF ATTIC RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF LEFT EXTERNAL EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF MASTOID RIGHT EAR	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF MASTOID RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF TYMPANUM BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF TYMPANUM LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF TYMPANUM RIGHT EAR	ONCOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF TYMPANUM RIGHT EAR	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC MASTOIDITIS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC MUCOID OTITIS MEDIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC SEROUS OTITIS MEDIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC SEROUS OTITIS MEDIA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC SEROUS OTITIS MEDIA UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC TUBOTYMPANIC SUPPURATIVE OM RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCT HL UNI LT EAR UNRESTRIC CONTRALAT SIDE	HOSPITAL	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCT HL UNI LT EAR UNRESTRIC CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	8		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCT HL UNI RT EAR UNRESTRICT CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	7		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCT HL UNI RT EAR UNRESTRICT CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCTIVE HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCTIVE HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCTIVE HEARING LOSS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCTIVE HEARING LOSS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCTIVE HEARING LOSS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONGENITAL MALFORMATION OF EAR UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONSTANT EXOPHTHALMOS BILATERAL	Imaging Center	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONSTANT EXOPHTHALMOS LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONSTANT EXOPHTHALMOS RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONTUSION RT EYELID & PERIOULAR AREA INIT ENC	ENDOCRINOLOGY	Approved	1		0		0

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CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DIPLOPIA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DISCONTINUITY & DISLOC OF EAR OSSICLES UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DIZZINESS AND GIDDINESS	PREVENTIVE MEDICINE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	EDEMA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ENOPHTHALMOS DUE TRAUMA OR SURGERY UNS EYE	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	FOREIGN BODY IN RIGHT EAR SEQUELA	PLASTIC SURGERY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture	Imaging Center	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	HEADACHE	OPTOMETRY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	HEMORRHAGE OF RIGHT ORBIT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	IMPACTED CERUMEN LEFT EAR	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	INTERMITTENT ALTERNATING EXOTROPIA	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	MECHANICAL PTOSIS OF BILATERAL EYELIDS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	MICROTIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	MIX CONDUCT SENSORINEURAL HEAR LOSS BILATERAL	OTORHINOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	MIX HEAR LOSS UNI LT EAR UNRESTRCT CONTRLAT SIDE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	NULL	OTHER	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	NULL	OTHER	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OCULAR PAIN BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OCULAR PAIN LEFT EYE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OCULAR PAIN RIGHT EYE	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OCULAR PAIN RIGHT EYE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTALGIA LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTALGIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTALGIA RIGHT EAR	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTALGIA UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTALGIA UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTH BENIGN NEOPLASM SKIN LT EAR & EXT AUR CANAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTH SPEC DISORDERS OF TYMPANIC MEMBRANE UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER AMNESIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER CHRONIC PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA LEFT EAR	HOSPITAL	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER INJURIES RT EYE & ORBIT INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE RT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE UNS EAR	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISEASES LEFT INNER EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISEASES OF RIGHT INNER EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISORDER TEMPOROMANDIBULAR JOINT	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISORDERS OF LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTITIS MEDIA UNSPECIFIED LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTITIS MEDIA UNSPECIFIED UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTORRHEA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTOSCLEROSIS INVLV OVAL WINDOW NONOBLIT BILAT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	PATULOUS EUSTACHIAN TUBE BILATERAL	Imaging Center	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	PATULOUS EUSTACHIAN TUBE BILATERAL	Imaging Center	Denied	1	Services are not medically necessary	1		0

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CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	PATULOUS EUSTACHIAN TUBE BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	RETAINED FB FOLLOWING PENETRATING WOUND LT ORBIT	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	8		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	SENSORINURL HL UNI RT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	INTERNAL MEDICINE	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	OPHTHALMOLOGY	Approved	6		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	TINNITUS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	TINNITUS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	TINNITUS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	Unknown	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	Unknown	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	Unknown	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNQUALIFIED VISUAL LOSS RT EYE NORM VIS LT EYE	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNS FRACTURE SKULL INITIAL ENC FOR CLOS FRACTURE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNS PERFORATION OF TYMPANIC MEMBRANE LT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNS PERFORATION OF TYMPANIC MEMBRANE RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED CHOLESTEATOMA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED CHOLESTEATOMA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED CHRONIC OTITIS EXTERNA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED EUSTACHIAN TUBE DISORDER RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED EUSTACHIAN TUBE DISORDER UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED EXOPHTHALMOS	OPHTHALMOLOGY	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED EXOPHTHALMOS	OPHTHALMOLOGY	Denied	2	Services are not medically necessary	2		0

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CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED HEARING LOSS BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED INJURY OF LEFT EYE AND ORBIT INITIAL	PEDIATRICS	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED INJURY OF RIGHT EYE & ORBIT INITIAL	INTERNAL MEDICINE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED LAGOPHTHALMOS LEFT EYE UNS EYELID	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED MACULAR DEGENERATION	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED MASTOIDITIS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED MASTOIDITIS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED MASTOIDITIS RIGHT EAR	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED OTOSCLEROSIS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	VISUAL DISCOMFORT BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	ACUTE SUPPURATIVE OM W/RUPTURE EAR DRUM UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	BELLS Palsy	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	BENIGN INTRACRANIAL HYPERTENSION	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	CELLULITIS OF UNSPECIFIED ORBIT	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	CONDUCT HL UNI LT EAR UNRESTRIC CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	CONDUCTIVE HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	CONGENITAL MALFORMATION OF INNER EAR	SURGERY-NEUROLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	DISORDER OF BRAIN UNSPECIFIED	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	EPIPHORA DUE TO INSUFF DRAINAGE BIL LACR GLANDS	OPHTHALMOLOGY	Approved	1		0		0

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CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF LEFT ORBIT	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	MULTIPLE SCLEROSIS	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	NOISE EFFECTS ON LEFT INNER EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	OCULAR PAIN BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	OTHER DISORDERS OF ORBIT	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	PAIN UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	PREAURICULAR SINUS AND CYST	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	TINNITUS UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED EXOPHTHALMOS	OPTOMETRY	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED HEARING LOSS BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED VISUAL FIELD DEFECTS	OPHTHALMOLOGY	Approved	1		0		0
CT ORBIT/EAR/FOSSA W/O DYE	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	Facility	Approved	1		0		0
CT PELVIS W/DYE	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
CT PELVIS; with contrast material(s)	ANAL ABSCESS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	ANAL ABSCESS	SURGERY-COLON/RECTAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	ANAL ABSCESS	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	CUTANEOUS ABSCESS OF ABDOMINAL WALL	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	EPIGASTRIC SWELLING MASS OR LUMP	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	HEMATOSPERMIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	HEREDITARY HEMOCHROMATOSIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	HYPERTROPHY OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	INCISIONAL HERNIA WITH OBSTRUCTION W/O GANGRENE	Imaging Center	Approved	1		0		0
CT PELVIS; with contrast material(s)	INF & INFLAM REACT OTH INTRL JNT PROSTH INIT ENC	Imaging Center	Approved	1		0		0
CT PELVIS; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	2		0		0

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CT PELVIS; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GENERAL SURGERY	Approved	2		0		0
CT PELVIS; with contrast material(s)	LIVER CELL CARCINOMA	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
CT PELVIS; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GENERAL SURGERY	Approved	2		0		0
CT PELVIS; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	2		0		0
CT PELVIS; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	RADIATION ONCOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	4		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	2		0		0
CT PELVIS; with contrast material(s)	OTH NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	2		0		0
CT PELVIS; with contrast material(s)	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	HOSPITAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	Imaging Center	Approved	1		0		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	INFECTIOUS DISEASES	Approved	1		0		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	POSTPROCEDURAL RETROPERITONEAL ABSCESS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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CT PELVIS; with contrast material(s)	RECTAL ABSCESS	INFECTIOUS DISEASES	Approved	1		0		0
CT PELVIS; with contrast material(s)	RECTAL FISTULA	SURGERY-COLON/RECTAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	SACROCOCYGEAL DISORDERS NEC	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	STRAIN MUSCLE FASCIA & TENDON ABD INITIAL ENC NTR	UROLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	Imaging Center	Approved	1		0		0
CT PELVIS; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	UNILAT INGUINAL HERNIA W/O OBST/GANGRENE RECUR	UROLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	Unknown	SURGERY	Approved	1		0		0
CT PELVIS; with contrast material(s)	Unknown	SURGERY-COLON/RECTAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	Unknown	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; without contrast material	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material	Acute (reversible) ischemia of small intestine, extent unspecified	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	ATROPHY OF TESTIS	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; without contrast material	BEN NEOPLASM CNCTV OTH SOFT TISS HEAD FACE NECK	RADIATION ONCOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; without contrast material	CALCULUS OF KIDNEY	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material	DISORDER OF BONE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT PELVIS; without contrast material	DISPLACEMENT IU CONTRACEPT DEVICE SUBSEQUENT ENC	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	FX UNS PART LUMBOSACRAL SPN & PELV INIT ENC CLO	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; without contrast material	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY	Approved	1		0		0
CT PELVIS; without contrast material	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; without contrast material	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	MX FX PELV W/O DISRUPT PELV RING INITIAL CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	MYCOSIS FUNGOIDES UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT PELVIS; without contrast material	NEUROMUSCULAR SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	OTH FRACTURE SHAFT UNS FIBULA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT PELVIS; without contrast material	OTHER SPECIFIED ARTHRITIS MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	PAIN IN LEFT HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	PAIN IN RIGHT HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT PELVIS; without contrast material	POLYCYTHEMIA VERA	ONCOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	POSTPROCEDURAL RETROPERITONEAL ABSCESS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	RETAINED FOREIGN BODY FRAGMENTS UNS MATERIAL	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; without contrast material	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	SACROCOCCYGEAL DISORDERS NEC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	SACROCOCCYGEAL DISORDERS NEC	RHEUMATOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	SECONDARY MALIGNANT NEOPLASM OF BRAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
CT PELVIS; without contrast material	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; without contrast material	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY-GENERAL	Approved	2		0		0
CT PELVIS; without contrast material	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	Unknown	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material	UNS SLIP UPPER FEM EPIPHYSIS NONTRAUMATIC RT HIP	PEDIATRIC ORTHOPEDIST	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; without contrast material	UNSPECIFIED FRACTURE RT ILIUM INIT ENC CLOSED FX	NEUROSURGERY	Approved	1		0		0
CT PELVIS; without contrast material	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	ABNORMALITY OF ALPHAFETOPROTEIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	CARDIOLOGIST	Approved	1		0		0

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CT PELVIS; without contrast material, followed by contrast material(s) and further sections	ACUTE EMBOLISM & THROMBOSIS OTHER SPEC VEINS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF PELVIC BONES SACRUM & COCCYX	PLASTIC SURGERY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	PEDIATRICS	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC SWELLING MASS OR LUMP	GENERAL SURGERY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	ESSENTIAL PRIMARY HYPERTENSION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	INFLAMMATORY DISORDERS OF SCROTUM	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	LEFT LOWER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	LOWER ABDOMINAL PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	SURGERY-NEUROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	2		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF RIGHT URETER	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	RADIATION ONCOLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	MULTIPLE SCLEROSIS	SURGERY	Denied	3	Services are not medically necessary	3		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	OTH NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	OTHER BIOMECHANICAL LESIONS OF SACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0

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CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PARAPLEGIA UNSPECIFIED	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	UROLOGY	Denied	3	Services are not medically necessary	3		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PILONIDAL CYST WITH ABSCESS	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	POLYP OF COLON	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	RIGHT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	RIGHT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	Imaging Center	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	Other	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	UNILAT INGUINAL HERNIA W/O OBST/GANGRENE RECUR	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	URINARY TRACT INFECTION SITE NOT SPECIFIED	NEUROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	VESICOVAGINAL FISTULA	UROLOGY	Approved	1		0		0
CT SCAN FOR LOCALIZATION	ACUTE FRONTAL SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
CT SCAN FOR LOCALIZATION	ALLERGIC RHINITIS DUE TO POLLEN	Surgery, Head And Neck	Approved	1		0		0
CT SCAN FOR LOCALIZATION	CALCULUS OF KIDNEY	Surgery, Head And Neck	Approved	1		0		0
CT SCAN FOR LOCALIZATION	CHRONIC ETHMOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	3		0		0
CT SCAN FOR LOCALIZATION	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	7		0		0
CT SCAN FOR LOCALIZATION	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	11		0		0
CT SCAN FOR LOCALIZATION	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	3		0		0
CT SCAN FOR LOCALIZATION	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	59		0		0
CT SCAN FOR LOCALIZATION	ESSENTIAL (PRIMARY) HYPERTENSION	Surgery, Head And Neck	Approved	1		0		0
CT SCAN FOR LOCALIZATION	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
CT SCAN FOR LOCALIZATION	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
CT SCAN FOR LOCALIZATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0

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CT SCAN FOR LOCALIZATION	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	19		0		0
CT SCAN FOR LOCALIZATION	OTHER CHRONIC SINUSITIS	Surgery, Head And Neck	Approved	1		0		0
CT SCAN FOR LOCALIZATION	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Family Medicine	Approved	1		0		0
CT SCAN FOR LOCALIZATION	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Radiation Oncology	Approved	1		0		0
CT SCAN FOR LOCALIZATION	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
CT SCAN FOR LOCALIZATION	WEAKNESS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	DISORDER OF BONE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF UNSPECIFIED KIDNEY	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Facility	Approved	1		0		0
CT SCAN FOR NEEDLE BIOPSY	SOLITARY PULMONARY NODULE	Facility	Approved	2		0		0
CT SCAN FOR THERAPY GUIDE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF VAGINA	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	ACUTE FRONTAL SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	ACUTE PANSINUSITIS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	ACUTE SINUSITIS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	ALLERGIC RHINITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	ATYP SQ CELL CANNOT EXCLUD HGSIL CYTOL SMER ANUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0

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CT SINUS, Maxillofacial Area; with contrast material(s)	BENIGN LIPOMATOUS NEO SKIN SUBQ HEAD FACE NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	NURSE PRACTITIONER	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	BENIGN NEOPLASM OF LOWER JAW BONE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CELLULITIS OF FACE	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC ENLARGEMENT BILATERAL LACRIMAL GLANDS	OPHTHALMOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC MAXILLARY SINUSITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC PANSINUSITIS	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	PLASTIC SURGERY	Approved	3		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	EMERGENCY MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	INFLAMMATORY CONDITIONS OF JAWS	INFECTIOUS DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	JAW PAIN	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	NASAL CONGESTION	ALLERGY	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; with contrast material(s)	NEOPLASM UNCERTAIN BEHAVIOR OTH RESPIRATORY ORG	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	OTALGIA LEFT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	OTHER OSTEO NECROSIS OTHER SITE	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	OTITIS MEDIA UNSPECIFIED RIGHT EAR	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	PERIAPICAL ABSCESS WITH SINUS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	SEBACEOUS CYST	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	SOLITARY BONE CYST UNSPECIFIED SITE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISS	HEMATOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	SUPERFICIAL FB OTH PART HEAD INITIAL ENCNTN	SURGERY-PEDIATRIC	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ABSCESS OF EXTERNAL EAR UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	AC SUPPURATIVE OM W/O RUPT EAR DRUM RECUR UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACQUIRED DEFORMITY OF NOSE	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE ETHMOIDAL SINUSITIS UNSPECIFIED	ALLERGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE ETHMOIDAL SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE FRONTAL SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE FRONTAL SINUSITIS UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE LYMPHADENITIS OF FACE HEAD AND NECK	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE NASOPHARYNGITIS COMMON COLD	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE PANSINUSITIS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE PANSINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT ETHMOIDAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT FRONTAL SINUSITIS	INTERNAL MEDICINE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT FRONTAL SINUSITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT MAXILLARY SINUSITIS	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT MAXILLARY SINUSITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT PANSINUSITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT PANSINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	8		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	PEDIATRICS	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	ALLERGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	PEDIATRICS	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	Adhesions and ankylosis of left temporomandibular joint	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERG RHINITIS D/T ANIMAL CAT DOG HAIR & DANDER	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS DUE TO POLLEN	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS DUE TO POLLEN	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS DUE TO POLLEN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS DUE TO POLLEN	SURGERY-HEAD AND NECK	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	13		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ANOSMIA	ALLERGY & IMMUNOLOGY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	ANOSMIA	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	ANOSMIA	PEDIATRICS ALLERGIST	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ASSAULT BY UNSPECIFIED MEANS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	ALLERGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	ENDOCRINOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	GENERAL PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	OPHTHALMOLOGY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	7		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	PLASTIC SURGERY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE UNS	PLASTIC SURGERY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM OF LOWER JAW BONE	SURGERY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	BRONCHOPNEUMONIA UNSPECIFIED ORGANISM	GENERAL PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CENTRAL PERFORATION OF TYMPANIC MEMB BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0

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CT SINUS, Maxillofacial Area; without contrast material	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	NURSE PRACTITIONER	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	41		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	Physician	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	ALLERGY & IMMUNOLOGY	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	ALLERGY & IMMUNOLOGY	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	FAMILY PRACTICE	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	INTERNAL MEDICINE	Approved	5		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	141		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	14	Services are not medically necessary	14		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	PLASTIC SURGERY	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	PULMONARY DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	HOSPITAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	110		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	13	Services are not medically necessary	13		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	OTORHINOLARYNGOLOGIST (EENT)	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	OTORHINOLARYNGOLOGIST (EENT)	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	PLASTIC SURGERY	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Approved	35		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	SLEEP MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY	Approved	5		0		0

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CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY	Denied	5	Services are not medically necessary	5		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	33		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	9	Services are not medically necessary	9		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	19		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	15	Services are not medically necessary	15		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	Imaging Center	Approved	7		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	20		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	9	Services are not medically necessary	9		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	NURSE PRACTITIONER	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OPHTHALMOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	546		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	30	Services are not medically necessary	30		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLOGIST	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PEDIATRIC PULMONOLOGIST	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PEDIATRICS	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PEDIATRICS ALLERGIST	Approved	8		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PEDIATRICS ALLERGIST	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	Physician	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PLASTIC SURGERY	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PULMONARY DISEASES	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	SLEEP MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SPHENOIDAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	COMPLETE LOSS TEETH D/T OTH SPEC CAUSE CLASS IV	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CONDUCTIVE HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	CONDUCTIVE HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CONDUCTIVE HEARING LOSS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0

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CT SINUS, Maxillofacial Area; without contrast material	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CONSTANT EXOPHTHALMOS BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CONTUSION EYEBALL & ORB TISS LT EYE SUBSQT ENC	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	COUGH	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	COUGH	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT SINUS, Maxillofacial Area; without contrast material	COUGH	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	COUGH	PULMONARY DISEASES	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	COUGH	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CRANIOSYNOSTOSIS	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CUTANEOUS ABSCESS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CUTANEOUS LISTERIOSIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CYST AND MUCOCELE OF NOSE AND NASAL SINUS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	CYSTIC FIBROSIS UNSPECIFIED	Physician	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	DEVIATED NASAL SEPTUM	FAMILY PRACTICE	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	DEVIATED NASAL SEPTUM	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	DEVIATED NASAL SEPTUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGIST (ENT)	Approved	19		0		0
CT SINUS, Maxillofacial Area; without contrast material	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	DEVIATED NASAL SEPTUM	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	DIPLOPIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	DISTURBANCES IN TOOTH ERUPTION	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	DISTURBANCES IN TOOTH ERUPTION	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	DYSPHAGIA UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	EPISODIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	EPISTAXIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	FACIAL WEAKNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	FIBROUS DYSPLASIA MONOSTOTIC UNSPECIFIED SITE	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	FRACTURE MANDIBLE OTH SPEC SITE INIT ENC CLOS FX	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	FRACTURE NASAL BONES INITIAL ENCOUNTER CLOSED FX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	FX UNS PART BODY MANDIBLE INITIAL ENC CLOSED FX	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	FAMILY PRACTICE	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	ONCOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	PLASTIC SURGERY	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	HEREDITARY HEMORRHAGIC TELANGIECTASIA	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HYPERTROPHY OF NASAL TURBINATES	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	HYPERTROPHY OF NASAL TURBINATES	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HYPOTHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	IDIOPATHIC URTICARIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	IDIOPATHIC URTICARIA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	INFLAMMATORY CONDITIONS OF JAWS	SURGERY, ORAL & MAXILLOFACIAL	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	INFLAMMATORY CONDITIONS OF JAWS	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	JAW PAIN	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	LIMITED MANDIBULAR RANGE OF MOTION	DENTIST-GENERAL	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	LISTERIOSIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	LONG TERM (CURRENT) USE OF BISPHOSPHONATES	HOSPITAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	MALOCCLUSION ANGLES CLASS II	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MAXILLARY HYPOPLASIA	SURGERY, ORAL & MAXILLOFACIAL	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	MAXILLARY HYPOPLASIA	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	MILD INTERMITTENT ASTHMA UNCOMPLICATED	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MILD INTERMITTENT ASTHMA UNCOMPLICATED	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	MILD PERSISTENT ASTHMA UNCOMPLICATED	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MUCOPURULENT CHRONIC BRONCHITIS	PULMONARY DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MUCOSAL CYST POSTMASTOIDECTOMY CAVITY UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	NARCOLEPSY WITHOUT CATAPLEXY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	ALLERGY	Approved	15		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	ALLERGY	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	ALLERGY & IMMUNOLOGY	Approved	16		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	ALLERGY & IMMUNOLOGY	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	HOSPITAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	INTERNAL MEDICINE	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	OTOLARYNGOLOGIST (ENT)	Approved	26		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL POLYP UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL POLYP UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	8		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL POLYP UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL POLYP UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	NEOPLASM UNCERTAIN BEHAVIOR OTH RESPIRATORY ORG	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	NEUROFIBROMATOSIS TYPE 1	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	NULL	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	OTHER	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OCULAR PAIN LEFT EYE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTALGIA UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTALGIA UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTH SPEC BACTERIAL AGNT CAUSE DZ CLASSIFIED ELSW	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ACUTE RECURRENT SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	12		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ACUTE RECURRENT SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ACUTE SINUSITIS	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ALLERGIC RHINITIS	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ALLERGIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Approved	8		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ALLERGIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	ALLERGY & ASTHMA	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	ALLERGY & IMMUNOLOGY	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	FAMILY PRACTICE	Approved	8		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	HOSPITAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	INTERNAL MEDICINE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	NEUROLOGY	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	145		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	10	Services are not medically necessary	10		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTORHINOLARYNGOLOGIST (EENT)	Approved	25		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTORHINOLARYNGOLOGIST (EENT)	Denied	4	Services are not medically necessary	4		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	SURGERY-HEAD AND NECK	Approved	14		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	SURGERY-HEAD AND NECK	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER FATIGUE	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER POLYP OF SINUS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER POLYP OF SINUS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER POLYP OF SINUS	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SEASONAL ALLERGIC RHINITIS	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SEASONAL ALLERGIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SEASONAL ALLERGIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SOMATOFORM DISORDERS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SOMATOFORM DISORDERS	ONCOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISEASES OF JAWS	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISEASES OF JAWS	SURGERY-GENERAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	FAMILY PRACTICE	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	16		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	PHYSICIAN ASSISTANT	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED HEARING LOSS UNSPECIFIED EAR	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED NONTOXIC GOITER	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER TIC DISORDERS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ULCERATIVE COLITIS W/UNS COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER VISUAL DISTURBANCES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER VISUAL DISTURBANCES	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	PAROSMIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	PAROSMIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	PATULOUS EUSTACHIAN TUBE BILATERAL	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	PATULOUS EUSTACHIAN TUBE BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	PERIAPICAL ABSCESS WITH SINUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	PERIAPICAL ABSCESS WITH SINUS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	PERSONAL HISTORY OTH DISEASES RESPIRATORY SYSTEM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	POLYP OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	POLYPOID SINUS DEGENERATION	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	POSTNASAL DRIP	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	POSTNASAL DRIP	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	POSTNASAL DRIP	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	RETAINED DENTAL ROOT	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	SARCOIDOSIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	SIALOADENITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	SUDDEN VISUAL LOSS RIGHT EYE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	SUPERFICIAL FB ORAL CAVITY INITIAL ENCNR	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	SUPERNUMERARY TEETH	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	TINNITUS LEFT EAR	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	TRAUMATIC SUBCUTANEOUS EMPHYSEMA INITIAL ENCNT	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	Unknown	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	Unknown	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED CHRONIC BRONCHITIS	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED CLEFT PALATE W/UNILATERAL CLEFT LIP	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED DISORDER OF EYE AND ADNEXA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED DISTURBANCES OF SMELL AND TASTE	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED EUSTACHIAN TUBE DISORDER UNS EAR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED EXOPHTHALMOS	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED HEARING LOSS BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED HEARING LOSS RIGHT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF FACE SUBSEQUENT ENCOUNTER	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF NOSE INITIAL ENCOUNTER	GENERAL PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF NOSE INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED MASTOIDITIS RIGHT EAR	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA RT EAR	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	VASOMOTOR RHINITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	VIRAL INFECTION UNSPECIFIED	ALLERGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ZYGOMATIC FRACTURE UNS INITIAL ENC OPEN FRACTURE	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	ACUTE RECURRENT FRONTAL SINUSITIS	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	ACUTE SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	ANOSMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF NASOPHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	CHRONIC FRONTAL SINUSITIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	CHRONIC PANSINUSITIS	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	CHRONIC SINUSITIS UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	CHRONIC SINUSITIS UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	DENTOFACIAL ANOMALY UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	DISEASE OF SALIVARY GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	DISEASES OF LIPS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	FEVER UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	JAW PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HARD PALATE	SURGERY-PEDIATRIC	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PALATE UNSPECIFIED	SURGERY-PEDIATRIC	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	NASAL CONGESTION	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROSURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	PLASTIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	OTHER CHRONIC SINUSITIS	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	OTHER CYSTS OF JAW	SURGERY-GENERAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	OTHER DISORDERS OF LACRIMAL SYSTEM	OPHTHALMOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	SEBACEOUS CYST	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	Unknown	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED CHOLESTEATOMA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT SOFT TISSUE NECK W/DYE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CT SOFT TISSUE NECK W/DYE	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	HOSPITAL	Approved	1		0		0
CT SOFT TISSUE NECK W/DYE	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CT SOFT TISSUE NECK W/O DYE	LOCALIZED SWELLING, MASS AND LUMP, NECK	DIAGNOSTIC RADIOLOGY	Approved	1		0		0

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CT SOFT TISSUE NECK W/O DYE	MALIGNANT NEOPLASM OF GLOTTIS	Facility	Approved	1		0		0
CT TEMPORAL BONES W/OUT CONTRA	H60.92 - Otitis externa of left ear, unspecified chronicity, unspecified type; H71.92 - Cholesteatoma of left ear	Ent-Otolaryngology	Approved	1		0		0
CT Thoracic Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
CT Thoracic Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	2		0		0
CT Thoracic Spine; with contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; with contrast material	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Thoracic Spine; with contrast material	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; with contrast material	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT Thoracic Spine; with contrast material	LOW BACK PAIN	PULMONARY DISEASES	Approved	1		0		0
CT Thoracic Spine; with contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Thoracic Spine; with contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Thoracic Spine; with contrast material	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Thoracic Spine; with contrast material	OTHER SPECIFIED DISEASES OF SPINAL CORD	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Thoracic Spine; with contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; with contrast material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; with contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; with contrast material	RADICULOPATHY THORACIC REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; with contrast material	STRICTURE OF ARTERY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Approved	1		0		0
CT Thoracic Spine; without contrast material	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	COLLAPSED VERTEBRA NEC SITE UNS INIT ENC FX	FAMILY PRACTICE	Approved	1		0		0
CT Thoracic Spine; without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT Thoracic Spine; without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	FUSION OF SPINE CERVICAL REGION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY THOR REGION	NEUROSURGERY	Approved	1		0		0
CT Thoracic Spine; without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT Thoracic Spine; without contrast material	LOW BACK PAIN	OTHER	Approved	1		0		0
CT Thoracic Spine; without contrast material	LOW BACK PAIN	PULMONARY DISEASES	Approved	1		0		0
CT Thoracic Spine; without contrast material	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	NEUROMUSCULAR SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Thoracic Spine; without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
CT Thoracic Spine; without contrast material	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	ORTHOPEdic SURGERY	Approved	1		0		0

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CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	PULMONARY FIBROSIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Thoracic Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT Thoracic Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Thoracic Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	RADICULOPATHY THORACIC REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Thoracic Spine; without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-NEUROLOGY	Approved	2		0		0
CT Thoracic Spine; without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Thoracic Spine; without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	SECONDARY MALIGNANT NEOPLASM OF BRAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Thoracic Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Thoracic Spine; without contrast material	SPINAL STENOSIS THORACIC REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Thoracic Spine; without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	WEDGE COMPRS FX 1ST THOR VERT INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
CT Thoracic Spine; without contrast material	WEDGE COMPRS FX T11-T12 VERT INIT ENC CLOS FX	NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	WEDGE COMPRS FX T11-T12 VERT INIT ENC CLOS FX	NEUROSURGERY	Approved	1		0		0
CT Thoracic Spine; without contrast material	WEDGE COMPRS FX UNS THOR VERT SUB ENC FX RTN HLN	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	RADIOLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Approved	1		0		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	PAIN IN THORACIC SPINE	NEUROSURGERY	Approved	1		0		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT THORAX W/DYE	CHEST PAIN, UNSPECIFIED	RADIOLOGY	Approved	1		0		0
CT THORAX W/DYE	COUGH	HOSPITAL	Approved	1		0		0
CT THORAX W/DYE	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Family Medicine	Approved	1		0		0
CT THORAX W/DYE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CT THORAX W/DYE	FLUID OVERLOAD, UNSPECIFIED	Facility	Approved	1		0		0
CT THORAX W/DYE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
CT THORAX W/DYE	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
CT THORAX W/DYE	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	FAMILY MEDICINE	Approved	1		0		0
CT THORAX W/DYE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	MEDICAL ONCOLOGY	Approved	1		0		0
CT THORAX W/DYE	MALIGNANT NEOPLASM OF APPENDIX	HOSPITAL	Approved	1		0		0
CT THORAX W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0

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CT THORAX W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Physician Assistant	Approved	1		0		0
CT THORAX W/DYE	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA, BRONCHUS AND LUNG	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CT THORAX W/DYE	OTHER CHEST PAIN	HOSPITAL	Approved	1		0		0
CT THORAX W/DYE	OTHER SPECIFIED COAGULATION DEFECTS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
CT THORAX W/DYE	SHORTNESS OF BREATH	HOSPITAL	Approved	1		0		0
CT THORAX W/DYE	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CT THORAX W/DYE	WHEEZING	HOSPITAL	Approved	1		0		0
CT THORAX W/O & W/DYE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
CT THORAX W/O & W/DYE	SOLITARY PULMONARY NODULE	RADIOLOGY	Approved	1		0		0
CT THORAX W/O DYE	BULLOUS DISORDER, UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT THORAX W/O DYE	CHEST PAIN, UNSPECIFIED	HOSPITAL	Approved	2		0		0
CT THORAX W/O DYE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
CT THORAX W/O DYE	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Facility	Approved	1		0		0
CT THORAX W/O DYE	DYSPNEA, UNSPECIFIED	RADIOLOGY	Approved	1		0		0
CT THORAX W/O DYE	ESSENTIAL (PRIMARY) HYPERTENSION	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CT THORAX W/O DYE	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	Facility	Approved	1		0		0
CT THORAX W/O DYE	HYPOXEMIA	Facility	Approved	1		0		0
CT THORAX W/O DYE	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	HOSPITAL	Approved	1		0		0
CT THORAX W/O DYE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CT THORAX W/O DYE	OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYSTEMS	RADIOLOGY	Approved	1		0		0
CT THORAX W/O DYE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HOSPITAL	Approved	1		0		0
CT THORAX W/O DYE	PULMONARY MYCOBACTERIAL INFECTION	HOSPITAL	Approved	2		0		0
CT THORAX W/O DYE	SOLITARY PULMONARY NODULE	Facility	Approved	1		0		0
CT THORAX W/O DYE	SOLITARY PULMONARY NODULE	HOSPITAL	Approved	1		0		0
CT THORAX W/O DYE	SOLITARY PULMONARY NODULE	RADIOLOGY	Approved	2		0		0
CT THORAX W/O DYE	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
CT THORAX W/O DYE	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	2		0		0
CT THORAX W/O DYE; LUNG PERF&VENTILAT DIFERENTL	Z94.2 - Lung transplant status	Internal Medicine-Pulmonary Disease	Approved	1		0		0
CT UPPER EXTREMITY W/O DYE	ENCNTR FOR EXAM FOR NRML CMPRSN AND CTRL IN CLNCL RSRCH PROG	Ancillary	Approved	1		0		0
CT UPPER EXTREMITY W/O DYE	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Facility	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT ARM	INTERNAL MEDICINE	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PAIN MANAGEMENT	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	DSPLCD FX SHAFT LT CLAV SUB ENC FX W/DELAY HLNG	SURGERY-ORTHOPEDIC	Approved	1		0		0

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CT Upper Extremity; with contrast material(s)	EFFUSION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT INT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	4		0		0
CT Upper Extremity; with contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; with contrast material(s)	PAIN IN RIGHT SHOULDER	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	5		0		0
CT Upper Extremity; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
CT Upper Extremity; with contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Upper Extremity; with contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	UNS DISORDER SYNOVIVUM & TENDON RT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	UNS FX UPPER END RT HUMERUS SUBSQT FX RTN HLNG	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	UNSPECIFIED DISLOC LT SHOULDER JOINT SUB	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	4-PART FX SURG NCK LT HUM INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	ACUTE PAIN DUE TO TRAUMA	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	ANTERIOR DISLOCATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	BENNETTS FX RT HAND SUB ENC FRACTURE MALUNION	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	CHONDROMALACIA RIGHT ELBOW	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	COLLES FX RT RADIUS INITIAL ENC CLOS FRACTURE	Imaging Center	Approved	1		0		0
CT Upper Extremity; without contrast material	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PAIN MANAGEMENT	Approved	1		0		0
CT Upper Extremity; without contrast material	CONTRACTURE LEFT WRIST	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	DISORDER OF BONE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	DISPLACED FX HEAD LT RADIUS INIT CLOS FRACTURE	HAND SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	DISPLACED FX HEAD LT RADIUS INIT CLOS FRACTURE	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX BASE 5TH MC BN RT HND INIT ENC CLOS FX	HAND SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX CORONOID PROCESS RT ULN INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX LAT CONDYLE RT HUMERUS INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX MEDIAL PHAL LT LTL FNGR INITIAL CLOS FX	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX MID 3RD NAVICULAR BN RT WRIST SUB FX RTN	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX PROX PHAL RT INDX FNGR INIT ENC CLOS FX	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX PROX PHAL RT INDX FNGR INIT ENC CLOS FX	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	DSPL FX PROX PHALNX LT THUMB INITIAL ENC CLOS FX	Imaging Center	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX SHFT 3RD MC BN LT HND INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL ROLANDOS FX LT HAND INITIAL ENC CLOSED FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPLCD FX BDY SCAPULA LT SHLDR INIT ENC CLOS FX	PREVENTIVE MEDICINE	Approved	1		0		0

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CT Upper Extremity; without contrast material	DSPLCD FX GT TUBEROS LT HUM INIT ENC CLOS FX	SPORTS MEDICINE	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPLCD FX GT TUBEROS RT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	EFFUSION LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	EFFUSION RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	ENCHONDROMATOSIS	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	FX UNS PART RT CLAV SUBSQT ENC FX W/DELAY HLNG	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	KIENBOCKS DISEASE OF ADULTS	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	LOOSE BODY IN RIGHT ELBOW	HAND SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPL FX PROX 3RD NVICLR LT WRST INIT ENC CLO FX	HAND SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX DIST POLE NVICLR BN LT WRST SUB FX RTN	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX HOOK HAMATE BN LT WRST SUB ENC FX NU	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX HOOK HAMATE BN LT WRST SUB ENC FX RTN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	NDSPLC FX LUNATE RT WRST SUB ENC FX ROUTINE HEAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX MID 3RD NVICLR LT WRST INIT ENC CLO FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX MID 3RD NVICLR LT WRST INIT ENC OPN FX	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX MID 3RD NVICLR RT WRST SUB ENC FX RTN	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX OLECRANON W/O IA EXT RT ULNA INIT CLO	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX PROX 3RD NVICLR LT WRST SUB ENC FX RTN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	NONDISPLACED FX HEAD RT RADIUS INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NONDSPCLC SPRL FX SHFT HUM RT ARM SUB ENC RTN HLN	PEDIATRICS	Approved	1		0		0
CT Upper Extremity; without contrast material	NONDSPCLCD FX ACRLM PRC UNS SHOULDER INIT CLO FX	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	NONDSPCLCD FX BODY SCAP LT SHOULDER INIT CLOS FX	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	NONDSPCLCD FX BODY SCAP RT SHOULDER SUB RTN HLNG	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NONDSPCLCD FX GLND CAV SCAP RT SHOULDER INIT CLO	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NONDSPCLCD FX NECK SCAP LT SHOULDER INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH CONGEN MALFORM UP LIMBS INCL SHOULDER GIRDLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH DSPL FX LOW END LT HUM INIT ENC CLOS FX	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH DSPL FX LOW END LT HUM SUB ENC FX RTN HLNG	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH DSPLCD FX UPPER END LT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH DSPLCD FX UPPER END RT HUM INIT ENC CLOS FX	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH EXTRAARTIC FX LOW LT RADIUS INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH IA FX LOW LT RADIUS INITIAL ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH IA FX LOWER RT RADIUS INITIAL ENC CLOS FX	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH IA FX LOWER RT RADIUS INITIAL ENC CLOS FX	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	OTH IA FX LOWER RT RADIUS INITIAL ENC CLOS FX	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT INT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Upper Extremity; without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER CYST OF BONE LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER FX LOWER RT RADIUS INITIAL ENC CLOS FX	HAND SURGERY	Approved	1		0		0

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CT Upper Extremity; without contrast material	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER INSTABILITY RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER SPECIFIC ARTHROPATHIES NEC LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	OTHER SPECIFIC ARTHROPATHIES NEC RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER SPECIFIED DISORDERS OF MUSCLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER SPECIFIED JOINT DISORDERS UNS ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ARM	PAIN MANAGEMENT	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ELBOW	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ELBOW	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ELBOW	HAND SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ELBOW	INTERNAL MEDICINE	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ELBOW	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	CHIROPRACTOR	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	6		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	PAIN IN LEFT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT ARM	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT ARM	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT HAND	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT HAND	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT HAND	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	12	Services are not medically necessary	12		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	HAND SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	SURGERY- PLASTIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	POLYOSTEOARTHRITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	POSTERIOR DISLOCATION RT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Upper Extremity; without contrast material	POSTERIOR DISLOCATION RT ULNOHUMERAL JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	POST-TRAUMATIC OSTEOARTHRITIS LEFT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	POST-TRAUMATIC OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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CT Upper Extremity; without contrast material	POST-TRAUMATIC OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	SURGERY-TRAUMA	Approved	1		0		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	5		0		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS UNSPECIFIED WRIST	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	SECONDARY OSTEOARTHRITIS RIGHT ELBOW	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
CT Upper Extremity; without contrast material	SHOULDER LESION UNSPECIFIED LEFT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
CT Upper Extremity; without contrast material	SOLITARY BONE CYST RIGHT HAND	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	SPONTANEOUS RUPTURE FLEXOR TENDONS RIGHT FOREARM	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	SPONTANEOUS RUPTURE OF OTHER TENDONS OTHER	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	SPRAIN LT STERNOCLAVICULAR JOINT SUBSQ ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	SPRAIN LT STERNOCLAVICULAR JOINT SUBSQ ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	SPRAIN OTHER PART LT WRIST & HAND INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
CT Upper Extremity; without contrast material	SPRAIN SC JOINT LIGAMENT INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	STRESS FRACTURE RT SHOULDER INITIAL ENC FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	TRAUMATIC ARTHROPATHY LEFT SHOULDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	UNI PRIM OSTEOARTHRITIS 1ST CMC JOINT RT HAND	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	UNS FX LOWER END RT RADIUS INITIAL ENC CLOSED FX	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX LOWER LT RADIUS INITIAL ENC CLOS FRACTURE	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX LOWER LT RADIUS INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX NAVICULAR BONE LT WRIST INIT CLOSED FX	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX NAVICULAR BONE LT WRIST SUB FX RTN HEAL	ORTHOPEdic SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	PLASTIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	SURGERY-ORTHOPEdic	Approved	4		0		0
CT Upper Extremity; without contrast material	UNS FX NAVICULAR BONE UNS WRIST SUB FX RTN HEAL	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	UNS FX OTH METACARPAL BONE INITIAL ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX SHAFT HUM UNS ARM SUBSQ ENC FX DLAY HLNG	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX SHFT LT ULNA SUBQ ENC CLOS FX NONUNION	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX UPPER END RT HUMERUS INIT CLOS FRACTURE	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX UPPER END RT HUMERUS INIT CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	2		0		0
CT Upper Extremity; without contrast material	UNS FX UPPER END RT HUMERUS SUBSQ FX RTN HLNG	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS INJURY LT SHOULDER UPPER ARM SUBSEQUENT ENC	SPORTS MEDICINE	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS INJURY SHOULDER UPPER ARM UNS ARM INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	UNSPECIFIED DISLOCATION LT RADIAL HEAD INITIAL	NURSE PRACTITIONER	Approved	1		0		0
CT Upper Extremity; without contrast material	UNSPECIFIED DISLOCATION LT RADIAL HEAD INITIAL	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	UNSPECIFIED DISLOCATION LT SHOULDER JOINT SEQ	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	UNSPECIFIED INJURY LEFT ELBOW INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
CT Upper Extremity; without contrast material	VARUS DEFORMITY NEC RIGHT ANKLE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE UNS	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	COMPRESSION OF VEIN	SURGERY-VASCULAR	Approved	1		0		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	EFFUSION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0

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CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	MYELOFIBROSIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT INT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections	STRN UNS M&T SHLDR UP ARM LEVL RT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL ELECTROCARDIOGRAM	OTHER	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOLOGIST	Approved	6		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR	Approved	2		0		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	5		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	7		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	3		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ANGINA PECTORIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	FAMILY PRACTICE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CARDIOMYOPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN ON BREATHING	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	5		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	12		0		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CORONARY ARTERY ANEURYSM	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	DISEASE OF PERICARDIUM UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	DYSPNEA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	EHLERS-DANLOS SYNDROME	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	7		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	3		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	FAMILIAL DYSAUTONOMIA RILEY-DAY	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRICS	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MALFORMATION OF CORONARY VESSELS	CARDIOLOGIST	Approved	1		0		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MALFORMATION OF CORONARY VESSELS	CARDIOVASCULAR DISEASE	Approved	3		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MALFORMATION OF CORONARY VESSELS	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MALFORMATION OF CORONARY VESSELS	PEDIATRICS	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	3		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MIXED HYPERLIPIDEMIA	OTHER	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	SURGERY- CARDIOVASCULAR	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-THORACIC	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	NULL	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OLD MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER CHEST PAIN	CARDIOLOGIST	Approved	7		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER CHEST PAIN	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	3		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER INSOMNIA	CARDIOVASCULAR SURGERY	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER RIGHT BUNDLE-BRANCH BLOCK	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOLOGIST	Approved	1		0		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PALPITATIONS	CARDIOLOGIST	Approved	3		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	4		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PALPITATIONS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PERSISTENT ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PRECORDIAL PAIN	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	4		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	SECONDARY HYPERTENSION UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	SHORTNESS OF BREATH	CARDIOVASCULAR	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	6		0		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	SLEEP APNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	SYNCOPE AND COLLAPSE	HOSPITAL	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	THORACIC AORTIC ECTASIA	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	3		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Unknown	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0

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CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	VENTRICULAR SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	WHEEZING	CARDIOLOGIST	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	4		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR SURGERY	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0

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CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	ANCILLARY	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	3		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	3		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	OTHER	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PERSISTENT ATRIAL FIBRILLATION	ANCILLARY	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PERSISTENT ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	3		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0

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CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PERSISTENT ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	2		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	THROM ATRIUM AUR APPEND & VENT CURR COMP FLW AMI	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	Unknown	CARDIOLOGIST	Approved	2		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	Unknown	OTHER	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	CARDIOLOGIST	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	SUPRAVENTRICULAR TACHYCARDIA	PEDIATRIC CARDIOLOGY	Approved	1		0		0

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CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	VENTRICULAR SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	Approved	3		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ATHEROSCLEROSIS OF AORTA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CARDIOMEGALY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	4	Services are not medically necessary	4		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHEST PAIN UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER FOR SCREENING FOR LIPOID DISORDERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER FOR SCREENING UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	FAMILY PRACTICE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0

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CT, HEART, without contrast with quantitative evaluation of coronary calcium	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	12	Services are not medically necessary	12		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	HOSPITAL	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	OTHER	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OTHER CHEST PAIN	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OTHER GENERAL SYMPTOMS AND SIGNS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0

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CT, HEART, without contrast with quantitative evaluation of coronary calcium	OTHER OBESITY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	PALPITATIONS	CARDIOLOGIST	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	PURE HYPERGLYCERIDEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	SHORTNESS OF BREATH	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	FAMILY PRACTICE	Approved	2		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	INTERNAL MEDICINE	Denied	9	Services are not medically necessary	9		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM RUPTURED	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	GENERAL SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	PAIN MANAGEMENT	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-THORACIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-VASCULAR	Approved	4		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL DISTENSION GASEOUS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	Acute (reversible) ischemia of small intestine, extent unspecified	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0

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CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ACUTE EMBO THROMB UNS DEEP VEINS RT LOWER EXTREM	RADIOLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ACUTE EMBOLISM & THROMBOSIS INFERIOR VENA CAVA	GENERAL SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ACUTE EMBOLISM & THROMBOSIS INFERIOR VENA CAVA	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM AORTA IN DISEASES CLASSIFIED ELSEWHERE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM OF ILIAC ARTERY	GENERAL PRACTICE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM OF OTHER SPECIFIED ARTERIES	SURGERY-VASCULAR	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM OF OTHER SPECIFIED ARTERIES	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM OF RENAL ARTERY	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM OF RENAL ARTERY	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM OF RENAL ARTERY	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ANEURYSM OF UNSPECIFIED SITE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	AORTIC ANEURYSM OF UNSPECIFIED SITE RUPTURED	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ARTERIAL FIBROMUSCULAR DYSPLASIA	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD RT LEG	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ATHEROSCLEROSIS OF RENAL ARTERY	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CALCULUS OF KIDNEY	UROLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CELIAC ARTERY COMPRESSION SYNDROME	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CHRON EMB & THROMB OTH SPEC DEEP VEIN RT LOW EXT	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CHRONIC EMBOLISM & THROMBOSIS UNSPECIFIED VEIN	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	COMPRESSION OF VEIN	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CONGENITAL MALFORMATION GREAT VEIN UNSPECIFIED	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CUTANEOUS ABSCESS UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISORDER OF ARTERIES AND ARTERIOLES UNSPECIFIED	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF THORACIC AORTA	GENERAL PRACTICE	Approved	1		0		0

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CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF THORACIC AORTA	SURGERY-CARDIOVASCULAR	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF THORACIC AORTA	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF THORACIC AORTA	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF UNSPECIFIED SITE OF AORTA	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF UNSPECIFIED SITE OF AORTA	SURGERY-THORACIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	PLASTIC SURGERY	Approved	3		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM	SURGERY- PLASTIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	GENERALIZED ABDOMINAL PAIN	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	GENERALIZED ABDOMINAL PAIN	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	PLASTIC SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	SURGERY- PLASTIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	GENETIC SUSCEPTIBILITY OTHER MALIGNANT NEOPLASM	PLASTIC SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ISCHEMIA AND INFARCTION OF KIDNEY	RADIOLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	PLASTIC SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGERY- PLASTIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	PLASTIC SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	SURGERY- PLASTIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	PLASTIC SURGERY	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0

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CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	PLASTIC SURGERY	Approved	6		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	SURGERY- PLASTIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MARFANS SYNDROME UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MELENA	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	SURGERY- CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	5		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE STENOSIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY- CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-THORACIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OBESITY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OTH COND ASSOC W/FE GEN ORGN & MENSTRUAL CYCL	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OTHER DISORDERS OF LUNG	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OTHER SPECIFIED COUNSELING	PLASTIC SURGERY	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	VASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGERY- PLASTIC	Approved	4		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	SURGERY- CARDIOVASCULAR	Approved	1		0		0

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CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	SARCOIDOSIS OF OTHER SITES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	STRICTURE OF ARTERY	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	THORACIC SURGERY	Approved	3		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ECTASIA	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	UNSPECIFIED CORD COMPRESSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	Unspecified lump in unspecified breast	SURGERY- PLASTIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	VARICOSE VEINS LT LOWER EXTREMITIES W/OTH COMP	GENERAL PRACTICE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF ARTERY OF LOWER EXTREMITY	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF RENAL ARTERY	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF RENAL ARTERY	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF RENAL ARTERY	SURGERY-ORTHOPEDIC	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF RENAL ARTERY	SURGERY-VASCULAR	Approved	2		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0

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CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ARTERIAL FIBROMUSCULAR DYSPLASIA	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLEROSIS OF RENAL ARTERY	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLEROSIS OF RENAL ARTERY	CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATROPHY OF KIDNEY TERMINAL	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL RENAL ARTERY STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL STENOSIS OF AORTIC VALVE	Imaging Center	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISORDER OF ARTERIES AND ARTERIOLES UNSPECIFIED	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF ABDOMINAL AORTA	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF UNSPECIFIED SITE OF AORTA	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	PEDIATRIC NEPHROLOGIST	Approved	2		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	PEDIATRIC NEPHROLOGIST	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	LOWER ABDOMINAL PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MARFANS SYNDROME UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NEOPLASM OF UNCERTAIN BEHAVIOR UNS KIDNEY	UROLOGY	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ONCOLOGY	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OVERWEIGHT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0

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CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	RENOVASCULAR HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	STRICTURE OF ARTERY	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	2		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	THORACIC SURGERY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF ARTERY OF LOWER EXTREMITY	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF ARTERY OF LOWER EXTREMITY	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF ILIAC ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCL NATV ART LT LEG W/ULCER OTH PART FT	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	HOSPITAL	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXTREM REST PAIN BIL LEGS	GENERAL SURGERY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXTREM REST PAIN BIL LEGS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXTREM REST PAIN BIL LEGS	SURGERY-VASCULAR	Approved	1		0		0

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CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLEROSIS OF AORTA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHSC NATV ART RT LEG W/ULCER OTH PART LW RT LEG	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DILATED CARDIOMYOPATHY	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	ENDOCRINOLOGY	Approved	2		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	PLASTIC SURGERY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	INFLAMMATORY CONDITIONS OF JAWS	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	LOCALIZED EDEMA	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF PALATE UNSPECIFIED	SURGERY-PEDIATRIC	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MIXED HYPERLIPIDEMIA	HOSPITAL	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MIXED HYPERLIPIDEMIA	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NON-PRESS CHR N ULCR UNS CALF LTD BREAKDOWN SKIN	PODIATRY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH ATHEROSCLER NATIVE ART EXTREM BILATERAL LEGS	Imaging Center	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER GENERAL SYMPTOMS AND SIGNS	CARDIOLOGIST	Approved	2		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PAIN IN RIGHT LEG	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	SURGERY-THORACIC	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGERY- PLASTIC	Approved	2		0		0

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CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	RAYNAUDS SYNDROME WITHOUT GANGRENE	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	STRICTURE OF ARTERY	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THROMBOSIS VASC PROSTH DEVC IMPL GRAFT INIT ENC	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	NEPHROLOGY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNS ATHEROSCLER NATIVE ART EXTREM BILATERAL LEGS	RADIOLOGY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNS ATHEROSCLER NATIVE ART EXTREM UNS EXTREMITY	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNS ATHEROSCLER NATIVE ART EXTREM UNS EXTREMITY	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL COAGULATION PROFILE	FAMILY PRACTICE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL COAGULATION PROFILE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL COAGULATION PROFILE	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACTIVATED PROTEIN C RESISTANCE	HOSPITAL	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACTIVATED PROTEIN C RESISTANCE	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACUTE BRONCHITIS UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACUTE EMBO THROMB UNS DEEP VNS RT PROX LOW EXT	FAMILY PRACTICE	Approved	1		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACUTE EMBOLISM & THROMBOSIS INFERIOR VENA CAVA	VASCULAR SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACUTE EMBOLISM & THROMBOSIS RIGHT FEMORAL VEIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACUTE PERICARDITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ALLERGIC RHINITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF ARTERY OF UPPER EXTREMITY	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF HEART	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANXIETY DISORDER UNSPECIFIED	OTHER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Approved	4		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ECTASIA UNSPECIFIED SITE	Imaging Center	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLEROSIS OF OTHER ARTERIES	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHSC NATV ART RT LEG W/ULCER OTH PART LW RT LEG	SURGERY-VASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	BRACHIAL PLEXUS DISORDERS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CARDIOMEGALY	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN ON BREATHING	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN ON BREATHING	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	6		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	7		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	PEDIATRICS	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC EMBOLISM & THROMBOSIS INFERIOR VENA CAVA	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC EMBOLISM & THROMBOSIS LEFT FEMORAL VEIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC EMBOLISM & THROMBOSIS LT SUBCLAVIAN VEIN	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC PULMONARY EMBOLISM	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC PULMONARY EMBOLISM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COARCTATION OF AORTA	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COARCTATION OF AORTA	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COMPRESSION OF VEIN	SURGERY-VASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	NEUROLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	THORACIC SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL STENOSIS OF AORTIC VALVE	Imaging Center	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COUGH	CRITICAL CARE MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISEASE OF GALLBLADDER UNSPECIFIED	Imaging Center	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISORDER OF ARTERIES AND ARTERIOLES UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACIC AORTA	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACIC AORTA	GENERAL PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACIC AORTA	SURGERY-CARDIOVASCULAR	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACIC AORTA	SURGERY-VASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACIC AORTA	VASCULAR SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF UNSPECIFIED SITE OF AORTA	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF UNSPECIFIED SITE OF AORTA	SURGERY	Approved	1		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF UNSPECIFIED SITE OF AORTA	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	EHLERS-DANLOS SYNDROME	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	4		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	HOSPITAL	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HEART DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HEART TRANSPLANT STATUS	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HEMANGIOMA OF OTHER SITES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HEMOPTYSIS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HEMOPTYSIS	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPOTENSION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALFORMATION OF CORONARY VESSELS	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF CECUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MARFANS SYNDROME UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MARFANS SYNDROME UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MILD PERSISTENT ASTHMA UNCOMPLICATED	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MYASTHENIA GRAVIS WITH ACUTE EXACERBATION	NEUROLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	THORACIC SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	5		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-THORACIC	Approved	1		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OBESITY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	CARDIOLOGIST	Approved	4		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	EMERGENCY MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ENDOCRINOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	FAMILY PRACTICE	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	GENERAL PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	Imaging Center	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	INTERNAL MEDICINE	Approved	9		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	NEUROLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Approved	5		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	PULMONARY DISEASES	Approved	6		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	RADIATION ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	6		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	5		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHRONIC PAIN	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER DISORDERS OF LUNG	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER FORMS OF DYSPNEA	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER FORMS OF DYSPNEA	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER PRIMARY THROMBOPHILIA	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER PULMONARY EMBOLISM W/ACUTE COR PULMONALE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER PULMONARY EMBOLISM W/ACUTE COR PULMONALE	FAMILY PRACTICE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SLEEP APNEA	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISEASES UPPER RESPIRATORY TRACT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OVERWEIGHT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PAIN IN THROAT	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PALPITATIONS	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PALPITATIONS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PALPITATIONS	GASTROENTEROLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PALPITATIONS	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERSONAL HISTORY OF PULMONARY EMBOLISM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURISY	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURISY	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURISY	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURODYNIA	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURODYNIA	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURODYNIA	PULMONARY DISEASES	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PRIMARY PULMONARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PRIMARY PULMONARY HYPERTENSION	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Pulmonary hypertension, unspecified	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Pulmonary hypertension, unspecified	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Secondary pulmonary arterial hypertension	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Secondary pulmonary arterial hypertension	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SEPTIC PULMONARY EMBO W/O ACUTE COR PULMONALE	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SEPTIC PULMONARY EMBO W/O ACUTE COR PULMONALE	SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	12		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	INFECTIOUS DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	5		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	PULMONARY DISEASES	Approved	9		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	RHEUMATOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	SURGERY-ORTHOPEDIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	SURGERY-THORACIC	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS	HOSPITAL	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SOLITARY PULMONARY NODULE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SOLITARY PULMONARY NODULE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	STENOSIS OF PULMONARY ARTERY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	STRICTURE OF ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SYNCOPE AND COLLAPSE	PEDIATRIC CARDIOLOGY	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TACHYCARDIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TACHYCARDIA UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TACHYCARDIA UNSPECIFIED	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TACHYCARDIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	7		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR SURGERY	Approved	1		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	INTERNAL MEDICINE	Approved	5		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	OTHER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-VASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	THORACIC SURGERY	Approved	10		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	THORACIC SURGERY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	CARDIOLOGIST	Approved	7		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	INTERNAL MEDICINE	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	SURGERY-VASCULAR	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNSPECIFIED ABNORMALITIES OF BREATHING	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNSPECIFIED CHRONIC BRONCHITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNSPECIFIED GLAUCOMA	INTERNAL MEDICINE	Approved	1		0		0

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CTA CHEST, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	WHEEZING	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CTA CHEST, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	WHEEZING	PULMONARY DISEASES	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	NEUROLOGY	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	AMAUROSIS FUGAX	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ANEURYSM OF UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ANEURYSM OF UNSPECIFIED SITE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ANEURYSM OF UNSPECIFIED SITE	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	BENIGN INTRACRANIAL HYPERTENSION	OPHTHALMOLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBELLAR STROKE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBELLAR STROKE SYNDROME	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	GENERAL PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	7		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Approved	4		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	SURGERY-NEUROLOGY	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL CYSTS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT D/T THROMB RT MID CEREBRAL ART	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT D/T THROMB UNS CEREBRAL ARTERY	NEUROLOGY	Approved	1		0		0

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CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION D/T UNS OCC/STENOSIS UNS ACA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBROVASCULAR DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CLUSTER HEADACHE SYNDROME UNS INTRACTABLE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DIPLOPIA	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CAROTID ARTERY	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CAROTID ARTERY	SURGERY-NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CEREBRAL ARTERIES NONRUPTURED	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ESTROGEN RECEPTOR POSITIVE STATUS	ONCOLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	FLUENCY DISORDER FOLLOWING CEREBRAL INFARCTION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	FAMILY PRACTICE	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	NEUROLOGY	Approved	3		0		0

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CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HOMONYMOUS BILATERAL FIELD DEFECTS UNS SIDE	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HYDROCEPHALUS UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ISCHEMIC OPTIC NEUROPATHY UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	5	Services are not medically necessary	5		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIXED HYPERLIPIDEMIA	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MOYAMOYA DISEASE	SURGERY-NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NEUROFIBROMATOSIS TYPE 1	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONPYOGENIC THROMBOSIS INTRACRAN VENOUS SYSTEM	NURSE PRACTITIONER	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	OTHER	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONTRAUMATIC SUBARACH HEMORR LT MID CERBRL ART	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NULL	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-CARDIOVASCULAR	Denied	2	Services are not medically necessary	2		0

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CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-VASCULAR	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNS MIDDLE CEREBRAL ARTERY	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNS VERTEBRAL ARTERY	SURGERY-VASCULAR	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOLOGIST	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	VASCULAR SURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT VERTEBRAL ARTERY	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	HOSPITAL	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	VASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER AMNESIA	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER CEREBROVASCULAR DISEASE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOLOGIST	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER SPECIFIED POLYNEUROPATHIES	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PARESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HISTORY OTH VENOUS THROMBOSIS&EMBOLISM	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	2		0		0

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CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	POSTPROCEDURAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY COUGH HEADACHE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY STABBING HEADACHE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	SYNCOPE AND COLLAPSE	PULMONARY DISEASES	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	SYNCOPE AND COLLAPSE	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	CARDIOLOGIST	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	5		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	Unknown	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	Unknown	NEUROLOGY	Approved	3		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	Unknown	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNS INJURY UNS VERTEBRAL ARTERY INITIAL ENCNT	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Approved	1		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ARTERIAL FIBROMUSCULAR DYSPLASIA	CARDIOLOGIST	Approved	1		0		0

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CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	SURGERY-VASCULAR	Approved	1		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY- PLASTIC	Approved	1		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PLASTIC SURGERY	Approved	1		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	POLYNEUROPATHY UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	AMAUROSIS FUGAX	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ANEURYSM OF CAROTID ARTERY	CARDIOLOGIST	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ANEURYSM OF CAROTID ARTERY	VASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	BRACHIAL PLEXUS DISORDERS	ANESTHESIOLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CELLULITIS AND ABSCESS OF MOUTH	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Approved	3		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	SURGERY-NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT D/T THROMB RT MID CEREBRAL ART	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT D/T THROMB UNS CEREBRAL ARTERY	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION D/T UNS OCC/STENOSIS UNS ACA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	3		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CERVICALGIA	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CERVICALGIA	NEUROSURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CAROTID ARTERY	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CAROTID ARTERY	SURGERY-NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CEREBRAL ARTERIES NONRUPTURED	NEUROLOGY	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	4		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	SURGERY-NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	SURGERY-NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ESTROGEN RECEPTOR POSITIVE STATUS	ONCOLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HYDROCEPHALUS UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0

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CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HYPERPARATHYROIDISM UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HYPERPARATHYROIDISM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ISCHEMIC OPTIC NEUROPATHY UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-TRAUMA	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	5	Services are not medically necessary	5		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MIXED HYPERLIPIDEMIA	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	NEUROFIBROMATOSIS TYPE 1	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	NODULES OF VOCAL CORDS	NURSE PRACTITIONER	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	NULL	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOLOGIST	Approved	3		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOVASCULAR DISEASE	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	FAMILY PRACTICE	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-CARDIOVASCULAR	Denied	3	Services are not medically necessary	3		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-VASCULAR	Denied	3	Services are not medically necessary	3		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNS VERTEBRAL ARTERY	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOLOGIST	Approved	3		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOVASCULAR DISEASE	Approved	2		0		0

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CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	SURGERY-VASCULAR	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	VASCULAR SURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	SURGERY-THORACIC	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	VASCULAR SURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT VERTEBRAL ARTERY	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	HOSPITAL	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	VASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	FAMILY PRACTICE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER CEREBROVASCULAR DISEASE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER DISEASES OF SALIVARY GLANDS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOLOGIST	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER SPECIFIED POLYNEUROPATHIES	FAMILY PRACTICE	Approved	1		0		0

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CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PALPITATIONS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	POSTPROCEDURAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY HYPERPARATHYROIDISM	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROSURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	STRICTURE OF ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	SYNCOPE AND COLLAPSE	PULMONARY DISEASES	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	SYNCOPE AND COLLAPSE	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	4		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROSURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	VASCULAR SURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	Unknown	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	Unknown	NEUROLOGY	Denied	2	Services are not medically necessary	2		0

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CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	UNS INJURY UNS VERTEBRAL ARTERY INITIAL ENCNT	NEUROSURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	FIBROBLASTIC DISORDER UNSPECIFIED	SURGERY-HEAD AND NECK	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HOSPITAL	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	STRICTURE OF ARTERY	INTERNAL MEDICINE	Approved	1		0		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COMPRESSION OF VEIN	SURGERY-VASCULAR	Approved	1		0		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	EMBOLISM & THROMBOSIS ART THE UPPER EXTREMITIES	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER ACUTE POSTPROCEDURAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	CARDIOVASCULAR	Approved	1		0		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PAIN IN LEFT ARM	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	RAYNAUDS SYNDROME WITHOUT GANGRENE	VASCULAR SURGERY	Approved	1		0		0
CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	STRICTURE OF ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cultured chondrocytes implnt	TEAR ARTICULAR CARTILAGE LT KNEE CURR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CURETTE/TREAT CORNEA	UNSPECIFIED CORNEAL ULCER, LEFT EYE	Ancillary	Approved	1		0		0

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CUSTOM BREAST PROSTHESIS	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
CUSTOM BREAST PROSTHESIS	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
CUSTOM BREAST PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
CUSTOM BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
CUVITRU	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA	Psychiatry		0		0	Approved	1
CUVITRU	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Internal Medicine		0		0	Denied	1
CUVITRU	IMMUNODEFICIENCY, UNSPECIFIED	Physical Medicine		0		0	Approved	1
CYCLOBENZAPRINE ER 15 MG CAP	MUSCLE SPASM OF BACK	Physician	Denied	1	Services are not medically necessary	1		0
CYCLOBENZAPRINE ER 15 MG CAP	OCCIPITAL NEURALGIA	Neurology	Denied	1	Services are not medically necessary	1		0
CYCLOBENZAPRINE ER 30 MG CAP	OTHER MUSCLE SPASM	Pain Management	Denied	1	Services are not medically necessary	1		0
CYCLOPHOSPHAMIDE 100 MG INJ	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	Family Medicine	Approved	1		0		0
CYCLOPHOSPHAMIDE 100 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
CYCLOPHOSPHAMIDE 100 MG INJ	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CYCLOPHOSPHAMIDE 100 MG INJ	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
CYCLOPHOSPHAMIDE 100 MG INJ	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
CYCLOPHOSPHAMIDE 100 MG INJ	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
CYCLOPHOSPHAMIDE 100 MG INJ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
CYCLOPHOSPHAMIDE 100 MG INJ	NODULAR SCLER HODGKIN LYMPH, EXTRNOD AND SOLID ORGAN SITES	Facility	Denied	1	Services are not medically necessary	1		0
CYCLOPHOSPHAMIDE 100 MG INJ	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Facility	Approved	1		0		0
CYCLOSPORINE 100 MG CAPSULE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
CYCLOSPORINE 100 MG CAPSULE	SICCA SYNDROME, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
CYCLOSPORINE MODIFIED 100MG/ML		Dermatology	Approved	1		0		0
CYCLOSPORINE MODIFIED 100MG/ML	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
CYCLOSPORINE MODIFIED 25 MG	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
CYCLOSPORINE MODIFIED 50 MG	HEART TRANSPLANT STATUS	Cardiovascular Disease	Approved	1		0		0
CYCLOSPORINE MODIFIED 50 MG	OTHER ATOPIC DERMATITIS	Pediatric Dermatology	Approved	1		0		0
CYCLOSPORINE MODIFIED 50 MG	PSORIASIS VULGARIS	Allergy/Immunology	Approved	1		0		0
CYCLOSPORINE MODIFIED 50 MG	SICCA SYNDROME, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
CYMBALTA 30 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
CYMBALTA 30 MG CAPSULE	FIBROMYALGIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CYMBALTA 30 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CYMBALTA 60 MG CAPSULE	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
CYMBALTA 60 MG CAPSULE	GENERALIZED ANXIETY DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
CYMBALTA 60 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
CYMBALTA 60 MG CAPSULE	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	2		0		0
CYMBALTA 60 MG CAPSULE	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Psychiatry	Approved	1		0		0
CYP2C19 GENE COM VARIANTS	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP2C19 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0

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CYP2C9 GENE COM VARIANTS	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP2C9 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	ANXIETY DISORDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	ENCOUNTER FOR SCREENING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Ancillary	Denied	2	Services are not medically necessary	2		0
CYP2D6 GENE COM VARIANTS	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	General Practice	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CYP3A4 GENE COMMON VARIANTS	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP3A4 GENE COMMON VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP3A5 GENE COMMON VARIANTS	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Ancillary	Denied	1	Services are not medically necessary	1		0
CYP3A5 GENE COMMON VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CYSTIC FIBROSIS MUTATION 97	Z13.79 - Encounter for other screening for genetic and chromosomal anomalies; Z36.8A - Encounter for antenatal screening for other genetic defects	OB/Gyn	Approved	1		0		0
CYSTO IMPL 4 OR MORE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	1		0		0
CYSTO IMPL 4 OR MORE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	1		0		0
CYSTO IMPL 4 OR MORE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Denied	1	Services are not medically necessary	1		0
CYSTO WITH UTERAL STENT	N13.30 - Unspecified hydronephrosis	Urology	Approved	1		0		0
CYSTO WITH UTERAL STENT	Z43.3 - Encounter for attention to colostomy	Urology	Approved	1		0		0
CYSTO WITH UTERAL STENT	Z96.0 - Retained urethral stent	Family Medicine	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	CALCULUS OF KIDNEY	Ancillary	Approved	8		0		0
CYSTO/URETERO W/LITHOTRIPSY	CALCULUS OF KIDNEY	Facility	Approved	3		0		0
CYSTO/URETERO W/LITHOTRIPSY	CALCULUS OF URETER	Ancillary	Approved	19		0		0
CYSTO/URETERO W/LITHOTRIPSY	COUGH	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	MYOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF UNSPECIFIED KIDNEY	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF UNSPECIFIED KIDNEY	Facility	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
CYSTO/URETERO W/LITHOTRIPSY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	PERSONAL HISTORY OF URINARY CALCULI	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	POSTPROCEDURAL FOSSA NAVICULARIS URETHRAL STRICTURE	Facility	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
CYSTO/URETERO W/LITHOTRIPSY	UNSPECIFIED RENAL COLIC	Ancillary	Approved	1		0		0
CYSTOSCOPY	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
CYSTOSCOPY	MIXED INCONTINENCE	Ancillary	Approved	1		0		0
CYSTOSCOPY	OTHER MICROSCOPIC HEMATURIA	Ancillary	Approved	1		0		0
CYSTOSCOPY	OTHER SPECIFIED DYSPAREUNIA	Ancillary	Approved	1		0		0
CYSTOSCOPY	STRESS INCONTINENCE (FEMALE) (MALE)	Ancillary	Approved	2		0		0

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CYSTOSCOPY	STRESS INCONTINENCE (FEMALE) (MALE)	HOSPITAL	Approved	2		0		0
CYSTOSCOPY	TRANSSEXUALISM	Facility	Denied	1	Services are not medically necessary	1		0
CYSTOSCOPY & REVISE URETHRA	UNSPECIFIED URETHRAL STRICTURE, MALE, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
CYSTOSCOPY & URETER CATHETER	GROSS HEMATURIA	Ancillary	Approved	1		0		0
CYSTOSCOPY & URETER CATHETER	SHORTNESS OF BREATH	Facility	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	BLADDER-NECK OBSTRUCTION	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	CALCULUS OF KIDNEY	Facility	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	CALCULUS OF URETER	Ancillary	Approved	3		0		0
CYSTOSCOPY AND TREATMENT	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Ancillary	Approved	4		0		0
CYSTOSCOPY AND TREATMENT	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BLADDER	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	OTHER SPECIFIED DISORDERS OF BLADDER	Ancillary	Approved	2		0		0
CYSTOSCOPY AND TREATMENT	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	POSTPROCEDURAL BULBOUS URETHRAL STRICTURE, MALE	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	POSTPROCEDURAL FOSSA NAVICULARIS URETHRAL STRICTURE	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	SNORING	Ancillary	Approved	1		0		0
CYSTOSCOPY AND TREATMENT	TRANSSEXUALISM	Facility	Denied	1	Services are not medically necessary	1		0
CYSTOSCOPY AND TREATMENT	UNSPECIFIED HYDRONEPHROSIS	Ancillary	Approved	2		0		0
CYSTOSCOPY AND TREATMENT	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	1		0		0
CYSTOSCOPY CHEMODENERVATION	OVERACTIVE BLADDER	Facility	Approved	1		0		0
CYSTOSCOPY CHEMODENERVATION	URGE INCONTINENCE	Ancillary	Approved	2		0		0
CYSTOSCOPY PROSTATIC IMP 1-3	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	2		0		0
CYSTOSCOPY PROSTATIC IMP 1-3	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	1		0		0
CYSTOSCOPY PROSTATIC IMP 1-3	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Denied	1	Services are not medically necessary	1		0
CYSTOSCOPY W/BIOPSY(S)	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Ancillary	Approved	1		0		0
CYSTOSCOPY W/BIOPSY(S)	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	Ancillary	Approved	1		0		0
CYSTOSCOPY W/BIOPSY(S)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
CYSTOSCOPY W/BIOPSY(S)	OTHER MICROSCOPIC HEMATURIA	Ancillary	Approved	1		0		0
CYSTOSCOPY W/BIOPSY(S)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	Ancillary	Approved	2		0		0
CYSTOURETERO & OR PYELOSCOPE	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	Ancillary	Approved	1		0		0
CYSTOURETERO & OR PYELOSCOPE	PAIN IN RIGHT LEG	Ancillary	Approved	1		0		0
CYSTOURETERO W/BIOPSY	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
CYSTOURETERO W/BIOPSY	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
CYSTOURETERO W/BIOPSY	SECONDARY MALIGNANT NEOPLASM OF R KIDNEY AND RENAL PELVIS	Ancillary	Approved	2		0		0
CYSTOURETERO W/BIOPSY	UNSPECIFIED ATRIAL FLUTTER	Ancillary	Approved	1		0		0
CYSTOURETERO W/BIOPSY	UNSPECIFIED HYDRONEPHROSIS	Ancillary	Approved	1		0		0
CYSTOURETERO W/LITHOTRIPSY	CALCULUS OF KIDNEY	Ancillary	Approved	6		0		0
CYSTOURETERO W/LITHOTRIPSY	CALCULUS OF URETER	Ancillary	Approved	7		0		0
CYSTOURETERO W/LITHOTRIPSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	4		0		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	15		0		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Denied	2	Services are not medically necessary	2		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	4		0		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	3	Services are not medically necessary	3		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Facility	Approved	1		0		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Facility	Denied	1	Services are not medically necessary	1		0
CYSTOURETHRO W/ADDL IMPLANT	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Facility	Approved	1		0		0
CYSTOURETHRO W/ADDL IMPLANT	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Urology	Denied	1	Services are not medically necessary	1		0
CYSTOURETHRO W/ADDL IMPLANT	SHORTNESS OF BREATH	Facility	Approved	1		0		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	7		0		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	15		0		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Denied	2	Services are not medically necessary	2		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	4		0		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	3	Services are not medically necessary	3		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Ancillary	Approved	1		0		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Facility	Approved	1		0		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Facility	Denied	1	Services are not medically necessary	1		0
CYSTOURETHRO W/IMPLANT	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Facility	Approved	1		0		0
CYSTOURETHRO W/IMPLANT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
CYSTOURETHRO W/IMPLANT	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Urology	Denied	1	Services are not medically necessary	1		0
CYSTOURETHRO W/IMPLANT	SHORTNESS OF BREATH	Facility	Approved	1		0		0
CYSTOURETHRO W/IMPLANT	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	Ancillary	Approved	1		0		0
CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS	Pediatrics		0		0	Denied	1
CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	Allergy/Immunology		0		0	Denied	1
CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	Internal Medicine		0		0	Approved	1
CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	Benign prostatic hyperplasia with lower urinary tract symptoms	Other		0		0	Approved	1
CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	SHORTNESS OF BREATH	Allergy/Immunology		0		0	Approved	1

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CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT; 1 TO 3 IMPLANTS	Benign prostatic hyperplasia with lower urinary tract symptoms	Neurology		0		0	Approved	1
CYTARABINE HCL 100 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
CYTARABINE HCL 100 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Other	Approved	1		0		0
CYTARABINE HCL 100 MG INJ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	3		0		0
CYTARABINE HCL 100 MG INJ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
CYTARABINE HCL 100 MG INJ	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Neurology	Approved	1		0		0
CYTARABINE HCL 100 MG INJ	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CYTARABINE LIPOSOME INJ	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	ANEMIA, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	ANXIETY DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	ATRIAL SEPTAL DEFECT	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Ancillary	Denied	2	Services are not medically necessary	2		0
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	Ancillary	Approved	7		0		0
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	Ancillary	Denied	4	Services are not medically necessary	4		0
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	Facility	Approved	2		0		0
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	Physician Assistant	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	DELAYED MILESTONE IN CHILDHOOD	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	DELAYED MILESTONE IN CHILDHOOD	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS, UNSPECIFIED	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	DISEASES OF THE CIRC SYS COMP PREGNANCY, FIRST TRIMESTER	Facility	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	ENCEPHALOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
CYTOGEN M ARRAY COPY NO&SNP	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	MACROCEPHALY	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR (SUSPECTED) CNSL MALFORM IN FETUS, UNSP	Ancillary	Approved	2		0		0
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR HEREDITARY DISEASE IN FETUS, FETUS 1	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, FETUS 1	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	MISSED ABORTION	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	OTHER CONGENITAL MALFORMATIONS OF MUSCULOSKELETAL SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Family Medicine	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	OTHER FORMS OF NYSTAGMUS	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0

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CYTOGEN M ARRAY COPY NO&SNP	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED CONVULSIONS	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED INTELLECTUAL DISABILITIES	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED INTELLECTUAL DISABILITIES	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN MICRARRAY COPY NMBR	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN MICRARRAY COPY NMBR	FAM HX OF CONGEN MALFORM, DEFORMATIONS AND CHROMSOML ABNLT	Ancillary	Approved	1		0		0
CYTOGEN MICRARRAY COPY NMBR	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 1	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN MICRARRAY COPY NMBR	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Approved	1		0		0
CYTOGENETICS 100-300	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE	Hematology	Approved	1		0		0
CYTOGENETICS DNA PROBE	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE	Hematology	Approved	1		0		0
CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES	AUTISTIC DISORDER	Pediatric Endocrinology		0		0	Approved	1
CYTOMEGALOVIRUS IMM IV /VIAL	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	1		0		0
D3-50 50,000 UNIT CAPSULE	VITAMIN D DEFICIENCY, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DACARBAZINE 100 MG INJ	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	2		0		0
DACARBAZINE 100 MG INJ	NODLR LYMPHOCY PREDOM HDGKN LYMPH, NODES OF HEAD, FACE, & NK	Oncology	Approved	1		0		0
DALFAMPRIDINE ER 10 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	6		0		0
DALIRES 250 MCG TABLET	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
DALIRES 250 MCG TABLET	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DAPTOMYCIN INJECTION	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
DARBEPOETIN ALFA, ESRD USE	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Facility	Approved	1		0		0
DARBEPOETIN ALFA, ESRD USE	ENCEPHALOPATHY, UNSPECIFIED	Ancillary	Approved	2		0		0
DARBEPOETIN ALFA, ESRD USE	END STAGE RENAL DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
DARBEPOETIN ALFA, ESRD USE	END STAGE RENAL DISEASE	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, ESRD USE	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL	Nephrology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
DARBEPOETIN ALFA, NON-ESRD	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Oncology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Hematology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Oncology	Approved	4		0		0
DARBEPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Other	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	APLASTIC ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0

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DARBEPOETIN ALFA, NON-ESRD	CELLULITIS, UNSPECIFIED	Oncology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 1	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Facility	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Hematology	Denied	1	Services are not medically necessary	1		0
DARBEPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Family Medicine	Approved	2		0		0
DARBEPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Nephrology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	Facility	Denied	1	Services are not medically necessary	1		0
DARBEPOETIN ALFA, NON-ESRD	END STAGE RENAL DISEASE	Family Medicine	Approved	3		0		0
DARBEPOETIN ALFA, NON-ESRD	END STAGE RENAL DISEASE	Hematology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	END STAGE RENAL DISEASE	Oncology	Approved	2		0		0
DARBEPOETIN ALFA, NON-ESRD	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	HEART FAILURE, UNSPECIFIED	Oncology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	HEMORRHAGIC CONDITION, UNSPECIFIED	Oncology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Hematology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	LOW BACK PAIN	Oncology	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	Geriatric Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	MONOCLONAL GAMMOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
DARBEPOETIN ALFA, NON-ESRD	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	OSTEOMYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	PRESENCE OF HEART ASSIST DEVICE	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	UNSPECIFIED CIRRHOSIS OF LIVER	Oncology	Approved	1		0		0
DAYTRANA	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY HYPERACTIVE TYPE	Gastroenterology		0		0	Approved	1
DAYTRANA 10 MG/9 HR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
DAYTRANA 10 MG/9 HR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
DAYTRANA 10 MG/9 HR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
DAYTRANA 10 MG/9 HR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
DAYTRANA 10 MG/9 HR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
DAYTRANA 15 MG/9 HR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
DAYTRANA 15 MG/9 HR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
DAYTRANA 20 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
DAYTRANA 20 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
DAYTRANA 20 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
DAYTRANA 20 MG/9 HOUR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
DAYTRANA 20 MG/9 HOUR PATCH	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0

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DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	2	Services are not medically necessary	2		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
DDAVP 0.01% NASAL SPRAY	DIABETES INSIPIDUS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
DEB BONE 20 SQ CM/<	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
DEB MUSC/FASCIA 20 SQ CM/<	PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 2	HOSPITAL	Approved	1		0		0
DEB MUSC/FASCIA 20 SQ CM/<	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	INFECT/INFLM REACT DUE TO OTH INT ORTH PROSTH DEV/GRFT, INIT	Other	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Ancillary	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Facility	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	MASTITIS WITHOUT ABSCESS	Ancillary	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	UNSP OPN WND R FRNT WL OF THORAX W/O PENET THOR CAVITY, INIT	Facility	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Facility	Approved	1		0		0
DEBRIDE ABDOM WALL	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Facility	Approved	1		0		0
DEBRIDE ABDOM WALL	UNSP OPN WND ABD WALL, UNSP Q W/O PENET PERIT CAV, INIT	Facility	Approved	1		0		0
DEBRIDE GENITALIA & PERINEUM	ANOGENITAL (VENEREAL) WARTS	Facility	Approved	1		0		0
DEBRIDE SKIN/TISSUE; INSERT TISSUE EXPANDER(S); IMPLANT BREAST SILICONE/EQ	S21.209A - Back wound	Plastic Surgery	Approved	1		0		0
DECARA 50,000 UNIT SOFTGEL	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DECITABINE INJECTION	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
DECLOT VASCULAR DEVICE	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
DECLOT VASCULAR DEVICE	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
DECOMPRESS FOREARM 1 SPACE	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Facility	Approved	1		0		0
DECOMPRESS FOREARM 1 SPACE	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Facility	Approved	3		0		0
DECOMPRESS FOREARM 1 SPACE	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Multi-Specialty Group	Approved	1		0		0

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DECOMPRESS FOREARM 1 SPACE	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
DECOMPRESS FOREARM 1 SPACE	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Facility	Approved	2		0		0
DECOMPRESS FOREARM 1 SPACE	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Multi-Specialty Group	Approved	1		0		0
DECOMPRESS FOREARM 1 SPACE	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
DECOMPRESS FOREARM 1 SPACE	LACERATION W/O FOREIGN BODY OF RIGHT FOREARM, SUBS ENC NTR	Facility	Approved	1		0		0
DECOMPRESS FOREARM 1 SPACE	LOW BACK PAIN	Facility	Approved	2		0		0
DECOMPRESS FOREARM 2 SPACES	OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINAL CORD LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINAL CORD LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	4		0		0
DECOMPRESS SPINAL CORD LMBR	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINAL CORD LMBR	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
DECOMPRESS SPINAL CORD LMBR	RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBAR REGION	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINAL CORD LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINAL CORD LMBR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINAL CORD LMBR	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINAL CORD LMBR	UNSPECIFIED INTESTINAL OBSTRUCTION	Facility	Approved	1		0		0
DECOMPRESS SPINE CORD ADD-ON	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINE CORD ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
DECOMPRESS SPINE CORD ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESS SPINE CORD ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
DECOMPRESS SPINE CORD ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0
DECOMPRESSIVE CRANIOTOMY	TRAUM SUBDR HEM W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	OTHER DISORDERS OF TOOTH DEVELOPMENT	Dentistry	Denied	1	Services are not medically necessary	1		0
DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	OTHER DISORDERS OF TOOTH DEVELOPMENT	Dentistry	Denied	1	Services are not medically necessary	1		0
DEFERASIROX 500 MG TABLET	THALASSEMIA MINOR	Hematology	Approved	1		0		0
DELAYED BREAST PROSTHESIS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0

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DELAYED BREAST PROSTHESIS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	8		0		0
DELAYED BREAST PROSTHESIS	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	BENIGN NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	DISORDER OF BREAST, UNSPECIFIED	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
DELAYED BREAST PROSTHESIS	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
DELAYED BREAST PROSTHESIS	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	2		0		0
DELAYED BREAST PROSTHESIS	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	Ancillary	Approved	1		0		0
DELAYED BREAST PROSTHESIS	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
DELAYED BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	8		0		0
DELAYED BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	10		0		0
DELAYED BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
DELAYED BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Allergy/Immunology		0		0	Denied	1
DELZICOL DR 400 MG CAPSULE	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DELZICOL DR 400 MG CAPSULE	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
DELZICOL DR 400 MG CAPSULE	ULCERATIVE COLITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEMONSTRATE USE HOME INR MON	PRESENCE OF PROSTHETIC HEART VALVE	Family Medicine	Denied	2	Services are not medically necessary	2		0
DENAVIR	HERPESVIRAL VESICULAR DERMATITIS	Obstetrics/Gynecology		0		0	Denied	1
DENAVIR 1% CREAM		Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
DENAVIR 1% CREAM	HERPESVIRAL GINGIVOSTOMATITIS AND PHARYNGOTONSILLITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DENAVIR 1% CREAM	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DENAVIR 1% CREAM	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
DENAVIR 1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DENAVIR 1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Internal Medicine	Denied	2	Services are not medically necessary	2		0

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DENAVIR 1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Neurology	Denied	1	Services are not medically necessary	1		0
DENAVIR 1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Physician	Denied	1	Services are not medically necessary	1		0
DENOSUMAB	Malignant neoplasm of prostate	Allergy/Immunology		0		0	Denied	1
DENOSUMAB	Secondary malignant neoplasm of bone	Cardiac Electrophysiology		0		0	Approved	1
DENOSUMAB INJECTION	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Rheumatology	Approved	1		0		0
DENOSUMAB INJECTION	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
DENOSUMAB INJECTION	AGE-REL OSTEOPOR W CRNT PATH FX, L ANK/FT, 7THD	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	AGE-REL OSTEOPOR W CURRENT PATH FRACTURE, L FOREARM, SEQUELA	Ancillary	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-REL OSTEOPOR W CURRENT PATH FRACTURE, UNSP SITE, SEQUELA	Infectious Disease	Approved	1		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	65		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Denied	9	Services are not medically necessary	9		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Cardiovascular Disease	Approved	1		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Approved	18		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Facility	Approved	9		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Facility	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Approved	24		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Gynecologic Oncology	Approved	1		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Hematology	Approved	3		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Infectious Disease	Approved	8		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Infectious Disease	Denied	5	Services are not medically necessary	5		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Internal Medicine	Approved	20		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Internal Medicine	Denied	6	Services are not medically necessary	6		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Oncology	Approved	3		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Pediatrics	Approved	1		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Approved	13		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Denied	4	Services are not medically necessary	4		0

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DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Surgery, Orthopedic	Approved	2		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	ANEURYSM OF ILIAC ARTERY	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	BENIGN NEOPLASM OF SCAPULA AND LONG BONES OF UNSP UPPER LIMB	Facility	Approved	2		0		0
DENOSUMAB INJECTION	BURSITIS OF LEFT SHOULDER	Rheumatology	Approved	1		0		0
DENOSUMAB INJECTION	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	CHOLESTEROSIS OF GALLBLADDER	Ancillary	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	DISORIENTATION, UNSPECIFIED	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	2		0		0
DENOSUMAB INJECTION	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	2		0		0
DENOSUMAB INJECTION	GIANT CELL GRANULOMA, CENTRAL	Facility	Approved	1		0		0
DENOSUMAB INJECTION	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Nephrology	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	LONG TERM (CURRENT) USE OF AROMATASE INHIBITORS	Oncology	Approved	1		0		0
DENOSUMAB INJECTION	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
DENOSUMAB INJECTION	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	MEDICAL ONCOLOGY	Approved	1		0		0
DENOSUMAB INJECTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	MEDICAL ONCOLOGY	Approved	1		0		0
DENOSUMAB INJECTION	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
DENOSUMAB INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	MECHANICAL PTOSIS OF RIGHT EYELID	Facility	Approved	1		0		0
DENOSUMAB INJECTION	MIXED INCONTINENCE	Internal Medicine	Approved	1		0		0
DENOSUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	4		0		0
DENOSUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	7		0		0
DENOSUMAB INJECTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	2		0		0
DENOSUMAB INJECTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, MULTIPLE SITES	Ancillary	Approved	2		0		0
DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Ancillary	Approved	4		0		0
DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Hematology	Approved	1		0		0

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DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Nurse Practitioner	Approved	1		0		0
DENOSUMAB INJECTION	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	5		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Approved	1		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Facility	Approved	1		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Hematology	Approved	1		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Hematology	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Infectious Disease	Approved	1		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Oncology	Approved	1		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	OTHER SECONDARY THROMBOCYTOPENIA	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	PAIN IN LEFT FOOT	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, ACCIDENTAL, INIT	Rheumatology	Approved	1		0		0
DENOSUMAB INJECTION	PRESENCE OF HEART ASSIST DEVICE	Family Medicine	Approved	1		0		0
DENOSUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BONE	Family Medicine	Approved	2		0		0
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BONE	Hematology	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BONE	MEDICAL ONCOLOGY	Approved	1		0		0
DENOSUMAB INJECTION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DENOSUMAB INJECTION	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Rheumatology	Approved	1		0		0
DENOSUMAB INJECTION	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Ancillary	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Rheumatology	Approved	1		0		0
DENTAL SURGERY PROCEDURE	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W STAT EPI	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	ACUTE STRESS REACTION	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	AUTISTIC DISORDER	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	CELLULITIS AND ABSCESS OF MOUTH	Facility	Approved	4		0		0
DENTAL SURGERY PROCEDURE	CLEFT PALATE, UNSPECIFIED	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON PIT AND FISSURE SURFACE LIMITED TO ENAMEL	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON PIT AND FISSURE SURFACE PENETRAT INTO PULP	Facility	Denied	1	Services are not medically necessary	1		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON PIT AND FISSURE SURFC PENETRAT INTO DENTIN	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON SMOOTH SURFACE PENETRATING INTO DENTIN	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON SMOOTH SURFACE PENETRATING INTO PULP	Facility	Approved	1		0		0

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DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	Ancillary	Approved	24		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	Facility	Approved	88		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	Physician Assistant	Approved	3		0		0
DENTAL SURGERY PROCEDURE	DEVELOPMENTAL ODONTOGENIC CYSTS	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DISTURBANCES IN TOOTH ERUPTION	Facility	Approved	3		0		0
DENTAL SURGERY PROCEDURE	DOWN SYNDROME, UNSPECIFIED	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	ENTEROVIRAL VESICULAR STOMATITIS WITH EXANTHEM	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	FRACTURE OF MANDIBLE, UNSP, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
DENTAL SURGERY PROCEDURE	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Facility	Approved	2		0		0
DENTAL SURGERY PROCEDURE	IMPACTED TEETH	Ancillary	Approved	3		0		0
DENTAL SURGERY PROCEDURE	IMPACTED TEETH	Facility	Approved	5		0		0
DENTAL SURGERY PROCEDURE	INFLAMMATORY CONDITIONS OF JAWS	Facility	Denied	2	Services are not medically necessary	2		0
DENTAL SURGERY PROCEDURE	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FLOOR OF MOUTH	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	1		0		0
DENTAL SURGERY PROCEDURE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	OTH APLASTIC ANEMIAS AND OTHER BONE MARROW FAILURE SYNDROMES	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	OTH DISRD OF BONE DENSITY AND STRUCTURE, OTHER SITE	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
DENTAL SURGERY PROCEDURE	OTHER LESIONS OF ORAL MUCOSA	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	PAIN IN LEFT KNEE	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	PERIAPICAL ABSCESS WITHOUT SINUS	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	PERIODONTAL DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
DENTAL SURGERY PROCEDURE	POOR AESTHETIC OF EXISTING RESTORATION OF TOOTH	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	SLEEP APNEA, UNSPECIFIED	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	SUPERNUMERARY TEETH	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	TRACHEOSTOMY STATUS	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Denied	1	Services are not medically necessary	1		0
DENTAL SURGERY PROCEDURE	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Family Medicine	Approved	1		0		0
DENTAL SURGERY PROCEDURE; ANESTH, PROCEDURE ON MOUTH	K02.9 - Dental caries, unspecified	Dentist Pediatric	Approved	1		0		0
DEPLIN-ALGAL OIL 15 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DERMACELL, AWM, POROUS SQ CM	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
DERMACELL, AWM, POROUS SQ CM	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
DERMA-FAT-FASCIA GRAFT	STRESS INCONTINENCE (FEMALE) (MALE)	Facility	Approved	1		0		0
DERMAGRAFT	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Denied	1	Services are not medically necessary	1		0
DERMAGRAFT	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Denied	2	Services are not medically necessary	2		0
DERMAPURE 1 SQUARE CM	NON-PRS CHRONIC ULC UNSP PRT OF UNSP LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
DERMAPURE 1 SQUARE CM	UNSP OPN WND ABD WALL, UNSP Q W/O PENET PERIT CAV, SUBS	Facility	Denied	1	Services are not medically necessary	1		0
DERMA-SMOOTHIE-FS SCALP OIL	OTHER SEBORRHEIC DERMATITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DESCOVY 200-25 MG TABLET	CONTACT W AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEF VIRUS	Infectious Disease	Approved	1		0		0

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DESCOVY 200-25 MG TABLET	HIGH RISK HETEROSEXUAL BEHAVIOR	Family Medicine	Approved	1		0		0
DESCOVY 200-25 MG TABLET	HIGH RISK HETEROSEXUAL BEHAVIOR	Infectious Disease	Approved	1		0		0
DESCOVY 200-25 MG TABLET	HIGH RISK HOMOSEXUAL BEHAVIOR	Family Medicine	Approved	1		0		0
DESCOVY 200-25 MG TABLET	HIGH RISK HOMOSEXUAL BEHAVIOR	Internal Medicine	Approved	1		0		0
DESCOVY 200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Nurse Practitioner Primary Care	Approved	1		0		0
DESCOVY 200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	7		0		0
DESCOVY 200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
DESCOVY 200-25 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Approved	1		0		0
DESIGN MLC DEVICE FOR IMRT	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
DESIGN MLC DEVICE FOR IMRT	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
DESONATE 0.05% GEL	ALLERGIC DERMATITIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	Dermatology	Approved	1		0		0
DESONATE 0.05% GEL	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
DESONATE 0.05% GEL	DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
DESONATE 0.05% GEL	OTHER SEBORRHEIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
DESONATE 0.05% GEL	PSORIASIS VULGARIS	Physician	Approved	1		0		0
DESONATE 0.05% GEL	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DESONATE 0.05% GEL	SEBORRHEIC DERMATITIS, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DESOXIMETASONE 0.05% OINTMENT	OTHER SEBORRHEIC DERMATITIS	Physician	Approved	1		0		0
DESOXIMETASONE 0.25% SPRAY	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
DESOXIMETASONE 0.25% SPRAY	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Dermatology	Approved	1		0		0
DESTROY L/S FACET JNT ADDL	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	1		0		0
DESTROY L/S FACET JNT ADDL	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PAIN MANAGEMENT	Approved	3		0		0
DESTROY L/S FACET JNT ADDL	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
DESTROY LUMB/SAC FACET JNT	MUSCLE SPASM OF BACK	Ancillary	Approved	3		0		0
DESTROY LUMB/SAC FACET JNT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
DESTROY LUMB/SAC FACET JNT	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	1		0		0
DESTROY LUMB/SAC FACET JNT	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	7		0		0
DESTROY LUMB/SAC FACET JNT	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
DESTROY LUMB/SAC FACET JNT	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PAIN MANAGEMENT	Approved	3		0		0
DESTROY LUMB/SAC FACET JNT	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
DESTROY NERVE FACE MUSCLE	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
DESTROY NERVE FACE MUSCLE	BELL'S PALSY	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	Multi-Specialty Group	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	Neurology	Approved	2		0		0
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	Ophthalmology	Approved	7		0		0
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	Ophthalmology	Denied	1	Services are not medically necessary	1		0
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	Psychiatry	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	2		0		0
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, BILATERAL	Ophthalmology	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Ancillary	Approved	1		0		0

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DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Neurology	Approved	4		0		0
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Pediatrics	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Psychiatry	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	DYSTONIA, UNSPECIFIED	Neurology	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	IDIOPATHIC OROFACIAL DYSTONIA	Internal Medicine	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	IDIOPATHIC OROFACIAL DYSTONIA	Psychiatry	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
DESTROY NERVE FACE MUSCLE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Pediatrics	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	OTHER DISORDERS OF FACIAL NERVE	Ancillary	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	OTHER TICS OF ORGANIC ORIGIN	Facility	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Ancillary	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Neurology	Approved	7		0		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Neurology	Denied	1	Services are not medically necessary	1		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Physical Medicine	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Psychiatry	Approved	3		0		0
DESTROY VULVA LESION/S COMPL	ANOGENITAL (VENEREAL) WARTS	Ancillary	Approved	1		0		0
DESTRUCT B9 LESION 1-14	HYPERTROPHIC SCAR	Facility	Approved	2		0		0
DESTRUCTION ANAL LESION(S)	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	Ancillary	Approved	2		0		0
DESTRUCTION ANAL LESION(S)	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CHRONIC PAIN SYNDROME	ORTHOPEDIC SURGERY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OCCIPITAL NEURALGIA	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTH CERV DISC DISPLACEMENT HIGH CERVICAL REG	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	17		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	21		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	38		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	8	Services are not medically necessary	8		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Approved	9		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	14		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICIAN ASSISTANT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SPORTS MEDICINE	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	FAMILY PRACTICE	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	Unknown	SURGERY-ORTHOPEDIC	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	UNS INFLAMMATORY SPONDYLOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CHRONIC PAIN SYNDROME	ORTHOPEDIC SURGERY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	LOW BACK PAIN	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OCCIPITAL NEURALGIA	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH CERV DISC DISPLACMENT HIGH CERVICAL REG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	17		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	22		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	40		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	8	Services are not medically necessary	8		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Approved	10		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	14		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICIAN ASSISTANT	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SPORTS MEDICINE	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY TL RGN	FAMILY PRACTICE	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY TL RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Unknown	SURGERY-ORTHOPEdic	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	UNS INFLAMMATORY SPONDYLOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	12		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	DORSALGIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	LOW BACK PAIN	PAIN MANAGEMENT	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER CHRONIC PAIN	SURGERY-ORTHOPEdic	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPECIFIED SPONDYLOPATHIES LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	22		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	SPORTS MEDICINE	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	12		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	PAIN IN LEFT HIP	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	6		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	32		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	49		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	11	Services are not medically necessary	11		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	27		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	19		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	42		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	15	Services are not medically necessary	15		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY TL RGN	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	7		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	13		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	DORSALGIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	LOW BACK PAIN	PAIN MANAGEMENT	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	LOW BACK PAIN	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OSTEOPHYTE UNSPECIFIED HIP	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPECIFIED SPONDYLOPATHIES LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	21		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	SPORTS MEDICINE	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	11		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	PAIN IN LEFT HIP	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	6		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPINAL INSTABILITIES SAC SACROCOCCYGEAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	32		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	5	Services are not medically necessary	5		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	53		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	11	Services are not medically necessary	11		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	30		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	19		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	40		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	16	Services are not medically necessary	16		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	8		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
DESTRUCTION OF SKIN LESIONS	BURN 3RD DEG MU SITES OF LEFT SHLDR/UP LMB, EX WRS/HND, SQA	Facility	Denied	1	Services are not medically necessary	1		0
DESTRUCTION OF SKIN LESIONS	CONGENITAL NON-NEOPLASTIC NEVUS	Ancillary	Approved	1		0		0
DESTRUCTION OF SKIN LESIONS	CONGENITAL NON-NEOPLASTIC NEVUS	Dermatology	Approved	3		0		0
DESTRUCTION OF SKIN LESIONS	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	Dermatology	Approved	1		0		0
DESTRUCTION OF SKIN LESIONS	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	Dermatology	Denied	3	Services are not medically necessary	3		0
DESTRUCTION OF SKIN LESIONS	HYPERTROPHIC SCAR	Dermatology	Approved	1		0		0
DESTRUCTION OF SKIN LESIONS	NEVUS, NON-NEOPLASTIC	Facility	Approved	2		0		0
DESTRUCTION OF SKIN LESIONS	SCAR CONDITIONS AND FIBROSIS OF SKIN	Surgery, General	Denied	1	Services are not medically necessary	1		0
DESTRUCTION, ANAL LESION(S); SURG DX EXAM, ANORECTAL	A63.0 - Anogenital (venereal) warts	General Surgery	Approved	1		0		0
DESVENLAFAXINE ER 100 MG TAB	BIPOLAR II DISORDER	Behavioral Nurse	Approved	1		0		0
DESVENLAFAXINE ER 100 MG TAB	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
DESVENLAFAXINE ER 100 MG TAB	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	1		0		0
DESVENLAFAXINE ER 100 MG TAB	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DESVENLAFAXINE ER 100 MG TAB	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
DESVENLAFAXINE ER 100 MG TAB	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
DESVENLAFAXINE ER 100 MG TAB	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Obstetrics/Gynecology	Approved	1		0		0
DESVENLAFAXINE ER 100 MG TAB	MOOD DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION, UNSP	Psychology	Approved	1		0		0
DESVENLAFAXINE ER 50 MG TAB		Family Medicine	Denied	1	Services are not medically necessary	1		0

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DESVENLAFAXINE ER 50 MG TAB	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DESVENLAFAXINE ER 50 MG TAB	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
DESVENLAFAXINE ER 50 MG TAB	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Denied	1	Services are not medically necessary	1		0
DESVENLAFAXINE ER 50 MG TAB	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
DESVENLAFAXINE ER 50 MG TAB	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
DESVENLAFAXINE ER 50 MG TAB	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
DESVENLAFAXINE ER 50 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
DESVENLAFAXINE ER 50 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
DESVENLAFAXINE ER 50 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Physician	Denied	1	Services are not medically necessary	1		0
DESVENLAFAXINE SUC ER 25 MG TB	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
DESVENLAFAXINE SUC ER 25 MG TB	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
DESVENLAFAXINE SUC ER 50 MG TB	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DESVENLAFAXINE SUC ER 50 MG TB	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	1		0		0
DESVENLAFAXINE SUC ER 50 MG TB	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE W/O CATAPLEXY	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
DEVEL TST PHYS/QHP 1ST HR	OTHER LACK OF COORDINATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEVEL TST PHYS/QHP EA ADDL	OTHER LACK OF COORDINATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEVELOPMENTAL TEST, EXTEND; OFFICE/OUTPATIENT VISIT, NEW	R41.840 - Attention and concentration deficit; R46.89 - Other symptoms and signs involving appearance and behavior; R62.50 - Unspecified lack of expected normal physiological development in childhood	Pediatrics	Approved	1		0		0
DEXAMETHASONE 10 DAY 1.5 MG TB	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXAMETHASONE INTRA IMPLANT	POSTERIOR CYCLITIS, LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
DEXAMETHASONE INTRA IMPLANT	POSTERIOR CYCLITIS, RIGHT EYE	OPHTHALMOLOGY	Approved	2		0		0
DEXAMETHASONE INTRA IMPLANT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	Approved	1		0		0
DEXAMETHASONE SODIUM PHOS	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
DEXAMETHASONE SODIUM PHOS	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
DEXAMETHASONE SODIUM PHOS	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Family Medicine	Approved	1		0		0
DEXAMETHASONE SODIUM PHOS	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	4		0		0
DEXAMETHASONE SODIUM PHOS	OTHER SPECIFIED POSTPROCEDURAL STATES	Family Medicine	Approved	1		0		0
DEXAMETHASONE SODIUM PHOS	PERST MIGRAINE AURA W/O CEREBRAL INFRC, NTRCT, W STAT MIGR	Family Medicine	Approved	1		0		0
DEXCOM G5-G4 SENSOR KIT	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 RECEIVER	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR		Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 SENSOR		Family Medicine	Approved	1		0		0
DEXCOM G6 SENSOR		Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR		Pediatric Endocrinology	Approved	1		0		0

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DEXCOM G6 SENSOR	DIABETES DUE TO UNDERLYING CONDITION W/O COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 SENSOR	DIABETES MELLITUS DUE TO UNDERLYING CONDITION W KETOACIDOSIS	Physician	Approved	1		0		0
DEXCOM G6 SENSOR	HYPOGLYCEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	10		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	4		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Approved	2		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Internal Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	Pediatric Endocrinology	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	7		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Approved	5		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
DEXCOM G6 SENSOR	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Family Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Internal Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	4		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	2		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Physician	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 TRANSMITTER	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
DEXEDRINE SPANSULE 10 MG	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 30 MG CAPSULE		Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 30 MG CAPSULE	ACUTE LARYNGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0

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DEXILANT DR 30 MG CAPSULE	EPIGASTRIC PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
DEXILANT DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE		Emergency Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE		Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	ABDOMINAL DISTENSION (GASEOUS)	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Denied	2	Services are not medically necessary	2		0
DEXILANT DR 60 MG CAPSULE	CHRONIC PEPTIC ULCER, SITE UNSP, W/O HEMORRHAGE OR PERF	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	CHRONIC SUPERFICIAL GASTRITIS WITHOUT BLEEDING	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	COUGH	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	DYSPHAGIA, UNSPECIFIED	Surgery, General	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	EPIGASTRIC PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	ESOPHAGITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	1		0		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	7	Services are not medically necessary	7		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	9	Services are not medically necessary	9		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	11	Services are not medically necessary	11		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Surgery, General	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	HEARTBURN	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	HEARTBURN	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	PERIUMBILICAL PAIN	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXMETHYLPHENIDATE ER 10 MG CP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	1		0		0
DEXMETHYLPHENIDATE ER 10 MG CP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
DEXMETHYLPHENIDATE ER 40 MG CP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Internal Medicine	Approved	1		0		0

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DEXTROAMP-AMPHET ER 10 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	1		0		0
DEXTROAMP-AMPHET ER 15 MG CAP	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Approved	1		0		0
DEXTROAMP-AMPHET ER 15 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	1		0		0
DEXTROAMP-AMPHET ER 15 MG CAP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXTROAMP-AMPHET ER 15 MG CAP	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	1		0		0
DEXTROAMP-AMPHET ER 15 MG CAP	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
DEXTROAMP-AMPHET ER 30 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
DEXTROAMP-AMPHETAMIN 10 MG TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
DIAB SHOE FOR DENSITY INSERT	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	Ancillary	Approved	1		0		0
DIAB SHOE FOR DENSITY INSERT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
DIAB SHOE FOR DENSITY INSERT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
DIAB SHOE FOR DENSITY INSERT	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	2		0		0
DIAB SHOE FOR DENSITY INSERT	PAIN IN LEFT SHOULDER	Ancillary	Approved	1		0		0
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Ancillary	Approved	1		0		0
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	6		0		0
DIABETIC MANAGEMENT PROGRAM,	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, UNSP CONTROL	Ancillary	Approved	2		0		0
DIAG LAPARO SEPARATE PROC	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	ACIDOSIS	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	ELEVATED CANCER ANTIGEN 125 [CA 125]	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEP DEV	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	ENDOMETRIOSIS, UNSPECIFIED	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	FAMILY HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Other	Denied	1	Services are not medically necessary	1		0
DIAG LAPARO SEPARATE PROC	HEADACHE	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	PELVIC AND PERINEAL PAIN	Facility	Approved	2		0		0
DIAG LAPARO SEPARATE PROC	POSTMENOPAUSAL BLEEDING	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	R10.2 - Pelvic and perineal pain	OB/Gyn	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	UNILATERAL INTRAABDOMINAL TESTIS	Facility	Approved	1		0		0
DIAG LAPARO SEPARATE PROC	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	2		0		0

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DIAGNOSTIC ANOSCOPY	ENCOUNTER FOR SCREENING FOR HUMAN PAPILOMAVIRUS (HPV)	Infectious Disease	Approved	2		0		0
DIAGNOSTIC ANOSCOPY & BIOPSY	ENCOUNTER FOR SCREENING FOR HUMAN PAPILOMAVIRUS (HPV)	Infectious Disease	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	ABDOMINAL DISTENSION (GASEOUS)	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	Ancillary	Approved	5		0		0
DIAGNOSTIC COLONOSCOPY	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Family Medicine	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ABNORMAL FINDINGS ON DX IMAGING OF LIVER AND BILIARY TRACT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	ABNORMAL WEIGHT GAIN	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ACHILLES TENDINITIS, LEFT LEG	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ACUTE APPENDICITIS WITH LOC PERITONITIS, W/O PERF OR GANGR	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ACUTE APPENDICITIS WITH PERF AND LOC PERITONITIS, WITH ABSCS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ACUTE CHOLECYSTITIS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ANEMIA, UNSPECIFIED	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	ANEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DIAGNOSTIC COLONOSCOPY	APHASIA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN CARCINOID TUMOR OF THE APPENDIX	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN CARCINOID TUMOR OF THE RECTUM	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN ENDOMETRIAL HYPERPLASIA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF ASCENDING COLON	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF CECUM	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF DUODENUM	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF PARATHYROID GLAND	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM, UNSPECIFIED SITE	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	BUNION OF LEFT FOOT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CALCIFIC TENDINITIS, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CALCULUS OF KIDNEY	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	CALCULUS OF URETER	Ancillary	Approved	1		0		0

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DIAGNOSTIC COLONOSCOPY	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CHANGE IN BOWEL HABIT	Ancillary	Approved	14		0		0
DIAGNOSTIC COLONOSCOPY	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	CHRONIC CHOLECYSTITIS	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	CHRONIC IDIOPATHIC CONSTIPATION	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Ancillary	Approved	5		0		0
DIAGNOSTIC COLONOSCOPY	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	COMPRESSION OF VEIN	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CONSTIPATION, UNSPECIFIED	Ancillary	Approved	11		0		0
DIAGNOSTIC COLONOSCOPY	CONSTIPATION, UNSPECIFIED	Facility	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CONTUS/LAC LEFT CEREBRUM W LOC OF UNSP DURATION, INIT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CONTUSION OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	COUGH	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF LARGE INTESTINE W INTESTINAL OBSTRUCTION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF SMALL INTESTINE W INTESTINAL OBSTRUCTION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	DIARRHEA, UNSPECIFIED	Ancillary	Approved	17		0		0
DIAGNOSTIC COLONOSCOPY	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	DISORDER OF BONE, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	DRUG INDUCED CONSTIPATION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Approved	9		0		0
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Ancillary	Approved	2		0		0

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DIAGNOSTIC COLONOSCOPY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W BLEEDING	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	ENCEPHALOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	986		0		0
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	10		0		0
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF STOMACH	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	EPIGASTRIC PAIN	Ancillary	Approved	6		0		0
DIAGNOSTIC COLONOSCOPY	EPIGASTRIC PAIN	Family Medicine	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF COLONIC POLYPS	Ancillary	Approved	5		0		0
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	69		0		0
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	FEVER, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	FISTULA OF VAGINA TO LARGE INTESTINE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	FLACCID NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	FOOT DROP, LEFT FOOT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	FULL INCONTINENCE OF FECES	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	GANGLION, RIGHT HAND	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	6		0		0
DIAGNOSTIC COLONOSCOPY	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	GENERALIZED ABDOMINAL PAIN	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	GENERALIZED ENLARGED LYMPH NODES	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	HEMATURIA, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	39		0		0
DIAGNOSTIC COLONOSCOPY	HEMORRHAGE OF ANUS AND RECTUM	Facility	Denied	2	Services are not medically necessary	2		0
DIAGNOSTIC COLONOSCOPY	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	8		0		0
DIAGNOSTIC COLONOSCOPY	HYPERTROPHY OF NASAL TURBINATES	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	HYPOTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0

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DIAGNOSTIC COLONOSCOPY	HYPOXEMIA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	INTUSSUSCEPTION	Facility	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Ancillary	Approved	5		0		0
DIAGNOSTIC COLONOSCOPY	LEFT LOWER QUADRANT PAIN	Ancillary	Approved	6		0		0
DIAGNOSTIC COLONOSCOPY	LEFT LOWER QUADRANT PAIN	Obstetrics/Gynecology	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	Facility	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	LOCALIZED ENLARGED LYMPH NODES	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	LOWER ABDOMINAL PAIN, UNSPECIFIED	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	LOW-TENSION GLAUCOMA, LEFT EYE, SEVERE STAGE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF APPENDIX	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	8		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF VAGINA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	MELENA	Ancillary	Approved	45		0		0
DIAGNOSTIC COLONOSCOPY	MELENA	Facility	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	MIXED IRRITABLE BOWEL SYNDROME	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	MUCOPURULENT CHRONIC BRONCHITIS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	NAUSEA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	NONDISP FX OF BODY OF LEFT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	NONDISP FX OF INTERMEDIATE CUNEIFORM OF RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	12		0		0
DIAGNOSTIC COLONOSCOPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	85		0		0
DIAGNOSTIC COLONOSCOPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Ancillary	Approved	1		0		0

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DIAGNOSTIC COLONOSCOPY	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER CHRONIC PAIN	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	OTHER CONSTIPATION	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	OTHER DISEASES OF VOCAL CORDS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER ENTHESTOPATHIES, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER FECAL ABNORMALITIES	Ancillary	Approved	11		0		0
DIAGNOSTIC COLONOSCOPY	OTHER HEMORRHOIDS	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	OTHER INSTABILITY, RIGHT KNEE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER IRON DEFICIENCY ANEMIAS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER SECONDARY CATARACT, LEFT EYE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	OVERACTIVE BLADDER	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	PAIN IN LEFT FOOT	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	PAIN IN LEFT SHOULDER	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PAIN IN RIGHT FOOT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PAIN IN RIGHT LEG	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PELVIC AND PERINEAL PAIN	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PERSISTENT ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	398		0		0
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	5		0		0
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	6		0		0
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0

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DIAGNOSTIC COLONOSCOPY	POLYP OF CERVIX UTERI	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	POLYP OF COLON	Ancillary	Approved	8		0		0
DIAGNOSTIC COLONOSCOPY	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	POSTMENOPAUSAL BLEEDING	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PSEUDOCYST OF PANCREAS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	PSYCHOPHYSIOLOGIC INSOMNIA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	RECTAL POLYP	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	RESIDUAL HEMORRHOIDAL SKIN TAGS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	RIGHT LOWER QUADRANT PAIN	Ancillary	Approved	4		0		0
DIAGNOSTIC COLONOSCOPY	RIGHT UPPER QUADRANT PAIN	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	SADDLE EMBOLUS OF PULMONARY ARTERY W/O ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SLEEP DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SNORING	Ancillary	Approved	7		0		0
DIAGNOSTIC COLONOSCOPY	SPASMODIC TORTICOLLIS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SUICIDE ATTEMPT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, SUBS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	SYNCOPE AND COLLAPSE	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	TORUS FRACTURE OF UPPER END OF RIGHT FIBULA, INIT	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	5		0		0

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DIAGNOSTIC COLONOSCOPY	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	Ancillary	Approved	2		0		0
DIAGNOSTIC COLONOSCOPY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	3		0		0
DIAGNOSTIC COLONOSCOPY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	6		0		0
DIAGNOSTIC COLONOSCOPY	UNSP FRACTURE OF UNSP FEMUR, INIT ENCNR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), SUBS ENCNR	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	6		0		0
DIAGNOSTIC COLONOSCOPY	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	URGE INCONTINENCE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	VITREOUS HEMORRHAGE, RIGHT EYE	Ancillary	Approved	1		0		0
DIAGNOSTIC COLONOSCOPY	WEAKNESS	Ancillary	Approved	2		0		0
DIAGNOSTIC LARYNGOSCOPY; DX BRONCHOSCOPE/WASH; OPERATIVE LARYNGOSCOPY	R06.89 - Other abnormalities of breathing	Otolaryngology	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	CALCULUS OF GALLBLADDER W ACUTE CHOLECYST W/O OBSTRUCTION	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	CHRONIC TONSILLITIS	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Facility	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	CONSTIPATION, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	DIARRHEA, UNSPECIFIED	Ancillary	Approved	2		0		0
DIAGNOSTIC SIGMOIDOSCOPY	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	21		0		0
DIAGNOSTIC SIGMOIDOSCOPY	INTRAMURAL LEIOMYOMA OF UTERUS	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	MELENA	Ancillary	Approved	9		0		0
DIAGNOSTIC SIGMOIDOSCOPY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	PAIN IN LEFT ARM	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	3		0		0
DIAGNOSTIC SIGMOIDOSCOPY	RECTAL POLYP	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	Ancillary	Approved	1		0		0
DIAGNOSTIC SIGMOIDOSCOPY	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0

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DIAGNOSTIC SIGMOIDOSCOPY	UNSPECIFIED ACUTE APPENDICITIS	Ancillary	Approved	1		0		0
DIALYSIS CIRCUIT EMBOLI	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
DIALYSIS ONE EVALUATION	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
DIALYSIS ONE EVALUATION	ANEMIA, UNSPECIFIED	Ancillary	Approved	2		0		0
DIALYSIS ONE EVALUATION	CHRONIC KIDNEY DISEASE, STAGE 5	Ancillary	Approved	2		0		0
DIALYSIS ONE EVALUATION	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	Ancillary	Approved	1		0		0
DIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Ancillary	Approved	27		0		0
DIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Ancillary	Denied	4	Services are not medically necessary	4		0
DIALYSIS ONE EVALUATION	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
DIALYSIS ONE EVALUATION	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL	Nephrology	Approved	1		0		0
DIALYSIS ONE EVALUATION	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
DIALYSIS ONE EVALUATION	PERICARDIAL EFFUSION (NONINFLAMMATORY)	Ancillary	Approved	2		0		0
DIALYSIS ONE EVALUATION	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
DIALYSIS ONE EVALUATION	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Ancillary	Approved	2		0		0
DIALYSIS ONE EVALUATION	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
DIALYSIS ONE EVALUATION	VENTRICULAR SEPTAL DEFECT	Facility	Approved	1		0		0
DIALYSIS PROCEDURE	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	3		0		0
DIALYSIS PROCEDURE	ALTERED MENTAL STATUS, UNSPECIFIED	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	3		0		0
DIALYSIS PROCEDURE	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	2		0		0
DIALYSIS PROCEDURE	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	CHRONIC KIDNEY DISEASE, STAGE 5	Ancillary	Approved	2		0		0
DIALYSIS PROCEDURE	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Ancillary	Approved	2		0		0
DIALYSIS PROCEDURE	DEPENDENCE ON RENAL DIALYSIS	Ancillary	Approved	3		0		0
DIALYSIS PROCEDURE	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	ENCEPHALOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Ancillary	Approved	107		0		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Ancillary	Denied	5	Services are not medically necessary	5		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Facility	Approved	3		0		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Internal Medicine	Approved	1		0		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Nephrology	Approved	2		0		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Other	Approved	1		0		0
DIALYSIS PROCEDURE	EPIGASTRIC PAIN	Ancillary	Approved	5		0		0
DIALYSIS PROCEDURE	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	FLUID OVERLOAD, UNSPECIFIED	Facility	Approved	1		0		0
DIALYSIS PROCEDURE	GROSS HEMATURIA	Ancillary	Approved	2		0		0
DIALYSIS PROCEDURE	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	HYPOXEMIA	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	MECH COMPL OF PROSTHETIC ORBIT OF LEFT EYE, SEQUELA	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	3		0		0
DIALYSIS PROCEDURE	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
DIALYSIS PROCEDURE	WEAKNESS	Ancillary	Approved	1		0		0
DIALYSIS REPEATED EVAL	CHRONIC KIDNEY DISEASE, STAGE 5	Ancillary	Approved	1		0		0

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DIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	Ancillary	Approved	4		0		0
DIALYSIS TRAINING COMPLETE	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	Ancillary	Approved	1		0		0
DIALYSIS TRAINING COMPLETE	END STAGE RENAL DISEASE	Ancillary	Approved	4		0		0
DIALYSIS TRAINING INCOMPL	END STAGE RENAL DISEASE	Ancillary	Approved	5		0		0
DICLOFENAC 1.5% TOPICAL SOLN	CERVICALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	LOW BACK PAIN	Neurology	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	LOW BACK PAIN	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	PAIN IN RIGHT ELBOW	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	SCIATICA, RIGHT SIDE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	UNSPECIFIED OPEN WOUND, LEFT FOOT, SUBSEQUENT ENCOUNTER	Podiatry	Approved	1		0		0
DICLOFENAC EPOLAMINE 1.3% PTCH	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	ACTINIC KERATOSIS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	ACTINIC KERATOSIS	Chiropractic	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	ACTINIC KERATOSIS	Dermatology	Denied	5	Services are not medically necessary	5		0
DICLOFENAC SODIUM 3% GEL	ACTINIC KERATOSIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	ACTINIC KERATOSIS	General Practice	Approved	2		0		0
DICLOFENAC SODIUM 3% GEL	ACTINIC KERATOSIS	General Practice	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	BRACHIAL PLEXUS DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	CERVICALGIA	Infectious Disease	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
DICLOFENAC SODIUM 3% GEL	CHRONIC PAIN SYNDROME	Physician	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	LOW BACK PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	LOW BACK PAIN	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	LUMBAGO WITH SCIATICA, RIGHT SIDE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	OTH INTARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	PAIN IN RIGHT KNEE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
DICLOFENAC SODIUM 3% GEL	PAIN IN THORACIC SPINE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	PAIN IN UNSPECIFIED TOE(S)	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	PARESTHESIA OF SKIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	PLANTAR FASCIAL FIBROMATOSIS	Podiatry	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Podiatry	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	RADICULOPATHY, CERVICAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	RADICULOPATHY, LUMBOSACRAL REGION	Chiropractic	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Podiatry	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DIETHYLPROPION 25 MG TABLET	OTHER OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
DIFFERIN 0.1% CREAM		Dermatology	Denied	1	Services are not medically necessary	1		0
DIFFERIN 0.1% LOTION	ACNE, UNSPECIFIED	Family Medicine	Approved	1		0		0
DIFFERIN 0.3% GEL		Dermatology	Denied	1	Services are not medically necessary	1		0
DIFICID 200 MG TABLET	DIARRHEA, UNSPECIFIED	Gastroenterology	Approved	1		0		0

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DIFICID 200 MG TABLET	ENTEROCOLITIS D/T CLOSTRIDIUM DIFFICILE, NOT SPCF AS RECUR	Gastroenterology	Approved	3		0		0
DIFICID 200 MG TABLET	ENTEROCOLITIS D/T CLOSTRIDIUM DIFFICILE, NOT SPCF AS RECUR	Pediatric Gastroenterology	Denied	1	Services are not medically necessary	1		0
DIFICID 200 MG TABLET	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE	Physician Assistant	Approved	1		0		0
DIFICID 200 MG TABLET	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT	Infectious Disease	Approved	1		0		0
DIFICID 200 MG TABLET	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT	Internal Medicine	Approved	2		0		0
DIFICID 200 MG TABLET	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT	Pediatric Infectious Disease	Approved	2		0		0
DIFICID 200 MG TABLET	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DIFICID 200 MG TABLET	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DIFICID 200 MG TABLET	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	Gastroenterology	Approved	1		0		0
DIFLORASONE 0.05% CREAM	ACTINIC KERATOSIS	Family Medicine	Approved	2		0		0
DIFLORASONE 0.05% OINTMENT	ACTINIC KERATOSIS	Anesthesiology	Approved	2		0		0
DIFLORASONE 0.05% OINTMENT	ACTINIC KERATOSIS	Family Medicine	Approved	1		0		0
DIFLORASONE 0.05% OINTMENT	SEBORRHEIC DERMATITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
DIFLUCAN 150 MG TABLET		Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
DIFLUCAN 200 MG TABLET	ACUTE VAGINITIS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
DIHYDROERGOTAMINE 1 MG/ML AMP	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Gerontological Nurse Practitioner	Approved	1		0		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Anesthesiology	Approved	1		0		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	PERST MIGRN AURA W/O CEREB INFRC, NOT NTRCT, W/O STAT MIGR	Pediatric Neurology	Approved	1		0		0
DILATION AND CURETTAGE	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE	Facility	Approved	1		0		0
DILATION AND CURETTAGE	MISSED ABORTION	Facility	Approved	3		0		0
DILATION OF URETHRAL STRICTURE; INJECTION FOR BLADDER X-RAY; X-RAY, URETHRA/BLADDER; URINALYSIS NO	N35.919 - Unspecified urethral stricture, male, unspecified site	Urology	Approved	1		0		0
DILAUDID 4 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
DIOVAN 320 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
DIOVAN 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
DIOVAN 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	1	Services are not medically necessary	1		0
DIOVAN HCT 160-12.5 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	2		0		0
DIOVAN HCT 160-12.5 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DIOVAN HCT 160-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
DIOVAN HCT 80-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
DIPHENHYDRAMINE HCL INJECTIO	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
DIPHENHYDRAMINE HCL INJECTIO	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	4		0		0

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DIPHENHYDRAMINE HCL INJECTIO	OTHER HEADACHE SYNDROME	Family Medicine	Approved	1		0		0
DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (1 OR MORE STAGES)	Other secondary cataract, left eye	Emergency Medicine		0		0	Approved	1
DISPOSABLE COMPRESSOR FILTER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Ancillary	Approved	1		0		0
DISPOSABLE SENSOR, CGM SYS	INFLAMMATORY DISORDERS OF SCROTUM	Ancillary	Approved	1		0		0
DISPOSABLE SENSOR, CGM SYS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
DISPOSABLE SENSOR, CGM SYS	SOLITARY PULMONARY NODULE	Ancillary	Approved	2		0		0
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	11		0		0
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	28		0		0
DISPOSABLE SENSOR, CGM SYS	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Approved	1		0		0
DISPOSABLE SENSOR, CGM SYS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	3		0		0
DISSECT BRAIN W/SCOPE	HYDROCEPHALUS, UNSPECIFIED	Other	Approved	2		0		0
DIVALPROEX DR 125 MG CAP SPRNK	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
DIVALPROEX DR 125 MG CAP SPRNK	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Psychiatry	Approved	1		0		0
DMD DUP/DELET ANALYSIS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
DMD DUP/DELET ANALYSIS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
DMD DUP/DELET ANALYSIS	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Ancillary	Approved	1		0		0
DM-GUAIF-PE 18-200-10 MG/15 ML	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DOCETAXEL INJECTION	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
DOCETAXEL INJECTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
DOCETAXEL INJECTION	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	4		0		0
DOCETAXEL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
DONOR PNEUMONECTOMY	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	1		0		0
DOPPLER ECHO EXAM HEART	DOUBLE OUTLET RIGHT VENTRICLE	Facility	Approved	2		0		0
DOPPLER ECHO EXAM HEART	MALFORMATION OF CORONARY VESSELS	Facility	Approved	1		0		0
DOPPLER ECHO EXAM HEART	TUBEROUS SCLEROSIS	Facility	Approved	1		0		0
DOPELET (10 TAB PK) 20 MG TAB	OTHER SECONDARY THROMBOCYTOPENIA	Hepatology	Approved	1		0		0
DOPELET (10 TAB PK) 20 MG TAB	OTHER SECONDARY THROMBOCYTOPENIA	Hepatology	Denied	1	Services are not medically necessary	1		0
DORYX MPC DR 120 MG TABLET	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
DORZOLAMIDE 2% EYE DROP	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
DOVATO 50-300 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
DOXEPIN 5% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
DOXEPIN 5% CREAM	BESNIER'S PRURIGO	General Practice	Denied	2	Services are not medically necessary	2		0
DOXEPIN 5% CREAM	CHRONIC PAIN SYNDROME	Chiropractic	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	DERMATITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	LOW BACK PAIN	Family Medicine	Denied	2	Services are not medically necessary	2		0
DOXEPIN 5% CREAM	LOW BACK PAIN	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Physician	Approved	1		0		0
DOXEPIN 5% CREAM	PAIN IN UNSPECIFIED FOOT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	PARESTHESIA OF SKIN	Dermatology	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Family Medicine	Denied	1	Services are not medically necessary	1		0

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DOXEPIN 5% CREAM	RADICULOPATHY, CERVICAL REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Internal Medicine	Approved	1		0		0
DOXORUBIC HCL 10 MG VL CHEMO; CYCLOPHOSPHAMIDE 100 MG INJ; PALONOSETRON HCL; DEXAMETHASONE SODIUM	C50.912 - Malignant neoplasm of unspecified site of left female breast; D70.1 - Agranulocytosis secondary to cancer chemotherapy; T45.1X5A - Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	Hematology/Oncology	Approved	1		0		0
DOXORUBICIN HCL INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
DOXORUBICIN HCL INJECTION	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Facility	Approved	1		0		0
DOXORUBICIN HCL INJECTION	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	Family Medicine	Approved	1		0		0
DOXORUBICIN HCL INJECTION	LYMPHOBLASTIC LYMPHOMA, NODES OF HEAD, FACE, AND NECK	Facility	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
DOXORUBICIN HCL INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	2		0		0
DOXORUBICIN HCL INJECTION	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
DOXORUBICIN HCL INJECTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF MYOMETRIUM	Facility	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MASTITIS WITHOUT ABSCESS	Family Medicine	Approved	1		0		0
DOXORUBICIN HCL INJECTION	NODLR LYMPHOCY PREDOM HDGKN LYMPH, NODES OF HEAD, FACE, & NK	Oncology	Approved	1		0		0
DOXORUBICIN HCL INJECTION	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES MULT SITE	Family Medicine	Approved	3		0		0
DOXORUBICIN INJ 10MG	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Facility	Approved	1		0		0
DOXYCYCLINE 50 MG TABLET	ACNE VULGARIS	Dermatology	Approved	1		0		0
DOXYCYCLINE 50 MG TABLET	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
DOXYCYCLINE HYCLATE 50 MG CAP		Family Medicine	Approved	1		0		0
DOXYCYCLINE HYCLATE 50 MG CAP	ACNE VULGARIS	Dermatology	Approved	1		0		0
DOXYCYCLINE HYCLATE 50 MG CAP	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Ophthalmology	Approved	1		0		0
DOXYCYCLINE HYCLATE 50 MG CAP	OMPHALITIS NOT OF NEWBORN	Family Medicine	Approved	1		0		0
DOXYCYCLINE HYCLATE 50 MG CAP	OTHER ACNE	Internal Medicine	Approved	1		0		0
DOXYCYCLINE HYCLATE 50 MG CAP	OTHER ROSACEA	Dermatology	Approved	3		0		0
DOXYCYCLINE HYCLATE 50 MG CAP	SIMPLE CHRONIC BRONCHITIS	Family Medicine	Approved	1		0		0
DOXYCYCLINE HYCLATE 50 MG CAP	UNSPECIFIED BLEPHARITIS RIGHT UPPER EYELID	Ophthalmology	Approved	1		0		0
DPYD GENE COMMON VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DPYD GENE COMMON VARIANTS	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0

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DRAIN BL W/CATH INSERTION	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Ancillary	Approved	1		0		0
DRAIN BL W/CATH INSERTION	TRANSSEXUALISM	Facility	Denied	1	Services are not medically necessary	1		0
DRAIN THIGH/KNEE LESION	CELLULITIS OF LEFT LOWER LIMB	Facility	Approved	1		0		0
DRAIN/INJ JOINT/BURSA W/O US	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Facility	Approved	1		0		0
DRAIN/INJ JOINT/BURSA W/O US	PLANTAR FASCIAL FIBROMATOSIS	HOSPITAL	Approved	1		0		0
DRAIN/INJ JOINT/BURSA W/O US	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	HOSPITAL	Approved	1		0		0
DRAIN/INJ JOINT/BURSA W/US	PAIN IN LEFT KNEE	PAIN MANAGEMENT	Approved	4		0		0
DRAIN/INJ JOINT/BURSA W/US	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Approved	2		0		0
DRAINAGE OF HEMATOMA/FLUID	S30.1XXA - Abdominal wall seroma	Plastic Surgery	Approved	1		0		0
DRAINAGE OF PELVIC ABSCESS	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
DRAINAGE OF RECTAL ABSCESS	ANAL ABSCESS	Surgery, General	Approved	1		0		0
DRAINAGE OF RECTAL ABSCESS	RECTAL ABSCESS	Ancillary	Approved	1		0		0
DRAINAGE OF RECTAL ABSCESS	RECTAL ABSCESS	Facility	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	ABSCESS OF CORPUS CAVERNOSUM AND PENIS	Ancillary	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	CELLULITIS OF LEFT UPPER LIMB	Facility	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	CELLULITIS OF RIGHT FINGER	Facility	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	CELLULITIS, UNSPECIFIED	Facility	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	CUTANEOUS ABSCESS OF PERINEUM	Ancillary	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	EPIDERMAL CYST	Ancillary	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
DRAINAGE OF SPINAL CYST	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Other	Approved	1		0		0
DRAINAGE OF THROAT ABSCESS	MALIG NEOPLM OF PRPH NERVES OF UNSP UPPER LIMB, INC SHOULDER	Facility	Approved	1		0		0
DRAINAGE OF URETHRA ABSCESS	OTHER SPECIFIED DISORDERS OF URETHRA	Ancillary	Approved	2		0		0
DRESS/DEBRID P-THICK BURN L	CONTUSION OF LEFT THIGH, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
DRESS/DEBRID P-THICK BURN M	BURN OF SECOND DEGREE OF LEFT FOOT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
DRESS/DEBRID P-THICK BURN S	BURN OF SECOND DEGREE OF LEFT FOOT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
DRESS/DEBRID P-THICK BURN S	BURN OF UNSPECIFIED BODY REGION, UNSPECIFIED DEGREE	Facility	Approved	1		0		0
DRESS/DEBRID P-THICK BURN S	NON-PRS CHRONIC ULC UNSP PRT OF UNSP LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
DRESSING CHANGE NOT FOR BURN	HYPOSPADIAS, PENOSCROTAL	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	ABN LEV HORMONES IN SPECIMENS FROM FEMALE GENITAL ORGANS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Family Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	ACIDOSIS	Family Medicine	Approved	2		0		0
DRUGS UNCLASSIFIED INJECTION	AMYOTROPHIC LATERAL SCLEROSIS	Internal Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	CHRONIC PAIN SYNDROME	Ancillary	Approved	2		0		0
DRUGS UNCLASSIFIED INJECTION	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
DRUGS UNCLASSIFIED INJECTION	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
DRUGS UNCLASSIFIED INJECTION	DYSPNEA, UNSPECIFIED	Pain Management	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF INFUSION PUMP	Pain Management	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	EPISODIC CLUSTER HEADACHE, INTRACTABLE	Family Medicine	Approved	1		0		0

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DRUGS UNCLASSIFIED INJECTION	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Family Medicine	Approved	2		0		0
DRUGS UNCLASSIFIED INJECTION	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	10		0		0
DRUGS UNCLASSIFIED INJECTION	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	HEADACHE	Family Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	HIRSCHSPRUNG'S DISEASE	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	HORMONE REPLACEMENT THERAPY	Female Pelvic Medicine And Reconstructive Surgery	Denied	2	Services are not medically necessary	2		0
DRUGS UNCLASSIFIED INJECTION	HYPOPITUITARISM	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	ILLNESS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	KERATOCONUS, UNSTABLE, LEFT EYE	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	KERATOCONUS, UNSTABLE, RIGHT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	2		0		0
DRUGS UNCLASSIFIED INJECTION	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pediatrics	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatrics	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	MYELOFIBROSIS	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Pain Management	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	PAIN IN LEFT FOOT	Family Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	PAIN IN UNSPECIFIED SHOULDER	Family Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	PALPITATIONS	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	PARANOID SCHIZOPHRENIA	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	PERST MIGRAINE AURA W/O CEREBRAL INFRC, NTRCT, W STAT MIGR	Family Medicine	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	POLYCYSTIC OVARIAN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	RECURRENT PREGNANCY LOSS	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	2		0		0
DRUGS UNCLASSIFIED INJECTION	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	SHORT STATURE (CHILD)	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	TYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Dermatology	Approved	1		0		0
DUAL DIAGNOSIS INTENSIVE OUTPATIENT PROGRAM	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	2		0		0
DUAL DIAGNOSIS INTENSIVE OUTPATIENT PROGRAM	Major depressive disorder, single episode, moderate	Behavioral Health Facility	Approved	1		0		0
DUAL DIAGNOSIS PARTIAL HOSPITALIZATION PROGRAM	Anorexia nervosa, binge eating/purging type	Behavioral Health Facility	Approved	1		0		0
DUEXIS	Pain in left knee	Surgery, Orthopedic		0		0	Approved	1
DUEXIS 800-26.6 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	BICIPITAL TENDINITIS, LEFT SHOULDER	General Practice	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	4	Services are not medically necessary	4		0

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DUEXIS 800-26.6 MG TABLET	CERVICALGIA	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	CERVICALGIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	CONTUSION OF RIGHT WRIST, INITIAL ENCOUNTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	DISP FX OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INIT	Podiatry	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	EFFUSION, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	IDIOPATHIC GOUT, UNSPECIFIED SITE	Podiatry	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	INFLAMMATORY POLYARTHROPATHY	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	INJ MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT	General Practice	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	LATERAL EPICONDYLITIS, RIGHT ELBOW	Surgery, Orthopedic	Approved	1		0		0
DUEXIS 800-26.6 MG TABLET	LATERAL EPICONDYLITIS, RIGHT ELBOW	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
DUEXIS 800-26.6 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	NEUROGENIC ARTHRITIS, NOT ELSEWHERE CLASSIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER CERV DISC DEGENERATION, MID-CERVICAL RGN, UNSP LEVEL	Pain Management	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Podiatry	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
DUEXIS 800-26.6 MG TABLET	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT ELBOW	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT FOOT	Podiatry	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT HAND	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT HAND	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT KNEE	Rheumatology	Approved	1		0		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN LEFT LEG	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN RIGHT SHOULDER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN THORACIC SPINE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PAIN IN UNSPECIFIED JOINT	Physician Assistant	Denied	2	Services are not medically necessary	2		0
DUEXIS 800-26.6 MG TABLET	PAIN IN UNSPECIFIED KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PERONEAL TENDINITIS, LEFT LEG	Podiatry	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Podiatry	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Podiatry	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Family Medicine	Denied	3	Services are not medically necessary	3		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Sports Medicine	Denied	2	Services are not medically necessary	2		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Approved	1		0		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Denied	7	Services are not medically necessary	7		0
DUEXIS 800-26.6 MG TABLET	RADICULOPATHY, CERVICAL REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0

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DUEXIS 800-26.6 MG TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Denied	2	Services are not medically necessary	2		0
DUEXIS 800-26.6 MG TABLET	RADICULOPATHY, LUMBAR REGION	Sports Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Sports Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	SCIATICA, RIGHT SIDE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	STIFFNESS OF SHOULDER, NOT ELSEWHERE CLASSIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, SUBS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
DUEXIS 800-26.6 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNSP DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNSPECIFIED ABDOMINAL PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
DULERA	Mild intermittent asthma, uncomplicated	Physician Assistant		0		0	Approved	1
DULERA	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Surgery, Orthopedic		0		0	Approved	1
DULERA	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pain Management		0		0	Denied	1
DULERA 100 MCG/5 MCG INHALER		Pulmonary Disease	Approved	1		0		0
DULERA 100 MCG/5 MCG INHALER	ACUTE BRONCHITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	ACUTE BRONCHOSPASM	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
DULERA 100 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
DULERA 100 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	OTHER ASTHMA	Family Medicine	Denied	3	Services are not medically necessary	3		0
DULERA 100 MCG/5 MCG INHALER	OTHER SPECIFIED RESPIRATORY DISORDERS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
DULERA 100 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
DULERA 100 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Physician	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0

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DULERA 200 MCG/5 MCG INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatric Pulmonology	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
DULERA 200 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	OTHER SEASONAL ALLERGIC RHINITIS	Physician	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	2	Services are not medically necessary	2		0
DULERA 200 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Critical Care Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Physician	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Physician	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DULOXETINE HCL DR 60 MG CAP	DYSTHYMIC DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUOBRII 0.01%-0.045% LOTION	PSORIASIS VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
DUOBRII 0.01%-0.045% LOTION	PSORIASIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
DUPIXENT	Atopic dermatitis, unspecified	Behavioral Nurse		0		0	Approved	1
Dupixent	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology		0		0	Denied	1
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Family Medicine		0		0	Approved	1
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Gastroenterology		0		0	Approved	1
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Pediatrics		0		0	Denied	1
DUPIXENT	Atopic dermatitis, unspecified	Physical Medicine		0		0	Denied	2
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Psychiatry		0		0	Approved	1
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Psychiatry		0		0	Denied	1
DUPIXENT	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Endocrinology And Metabolism		0		0	Denied	2
DUPIXENT	OTHER ATOPIC DERMATITIS	Neurology		0		0	Denied	1
DUPIXENT	Other atopic dermatitis	Other		0		0	Approved	1
DUPIXENT	OTHER ATOPIC DERMATITIS	Pain Management		0		0	Approved	1
Dupixent	OTHER ATOPIC DERMATITIS	Physician		0		0	Approved	1
DUPIXENT	Other atopic dermatitis	Physician		0		0	Denied	1
DUPIXENT	Other atopic dermatitis	Psychiatry		0		0	Approved	2
DUPIXENT	Other atopic dermatitis	Psychiatry		0		0	Denied	1
DUPIXENT	OTHER ATOPIC DERMATITIS	Vascular & Interventional Radiology		0		0	Approved	1
DUPIXENT	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Psychiatry		0		0	Approved	1
DUPIXENT 200 MG/1.14 ML SYRING	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
DUPIXENT 200 MG/1.14 ML SYRING	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 200 MG/1.14 ML SYRING	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	3		0		0
DUPIXENT 200 MG/1.14 ML SYRING	INTRINSIC (ALLERGIC) ECZEMA	Allergy/Immunology	Approved	1		0		0

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DUPIXENT 200 MG/1.14 ML SYRING	OTHER ATOPIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 200 MG/1.14 ML SYRING	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatric Allergy & Immunology	Approved	1		0		0
DUPIXENT 200 MG/1.14 ML SYRING	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Approved	8		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	13		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Physician	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	3		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	INTRINSIC (ALLERGIC) ECZEMA	Pediatrics	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	INTRINSIC (ALLERGIC) ECZEMA	Pediatrics	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	INTRINSIC (ALLERGIC) ECZEMA	Physician	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	OTHER ATOPIC DERMATITIS	Dermatology	Approved	7		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	OTHER ATOPIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	OTHER ATOPIC DERMATITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	SEVERE PERSISTENT ASTHMA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE		Dermatology	Approved	2		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Allergy	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Approved	11		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	30		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	10	Services are not medically necessary	10		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Physician	Approved	2		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Physician Assistant	Approved	6		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC NEURODERMATITIS	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC NEURODERMATITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	DYSHIDROSIS [POMPHOLYX]	Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	INTRINSIC (ALLERGIC) ECZEMA	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	INTRINSIC (ALLERGIC) ECZEMA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	INTRINSIC (ALLERGIC) ECZEMA	Pediatric Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	INTRINSIC (ALLERGIC) ECZEMA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	INTRINSIC (ALLERGIC) ECZEMA	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Physician	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	NASAL POLYP, UNSPECIFIED	Allergy/Immunology	Approved	2		0		0
DUPIXENT 300 MG/2 ML SYRINGE	NASAL POLYP, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	NASAL POLYP, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	NASAL POLYP, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Allergy/Immunology	Approved	2		0		0

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DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Dermatology	Approved	18		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Dermatology	Denied	9	Services are not medically necessary	9		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Family Nurse Practitioner	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Family Nurse Practitioner Primary Care	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Physician	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Physician	Denied	2	Services are not medically necessary	2		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Physician Assistant	Approved	4		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
DUPIXENT 300 MG/2 ML SYRINGE	POLYP OF NASAL CAVITY	Allergy/Immunology	Approved	2		0		0
DUPIXENT 300 MG/2 ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	2		0		0
DUPIXENT 300 MG/2 ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	2		0		0
DUPIXENT 300 MG/2 ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	2		0		0
DUPIXENT 300 MG/2 ML SYRINGE	UNSPECIFIED ASTHMA	Allergy/Immunology	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W STAT EPI	Ancillary	Denied	8	Services are not medically necessary	8		0
DURABLE MEDICAL EQUIPMENT MI	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	2		0		0
DURABLE MEDICAL EQUIPMENT MI	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	CARDIAC ARREST, CAUSE UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	CELLULITIS OF LEFT LOWER LIMB	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP CEREBRAL ARTERY	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	3		0		0
DURABLE MEDICAL EQUIPMENT MI	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	11	Services are not medically necessary	11		0
DURABLE MEDICAL EQUIPMENT MI	CHRONIC FATIGUE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	COMPRESSION OF VEIN	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	CONGEN MALFORM SYNDROMES PREDOM AFFECTING FACIAL APPEARANCE	Ancillary	Denied	2	Services are not medically necessary	2		0
DURABLE MEDICAL EQUIPMENT MI	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Ancillary	Denied	16	Services are not medically necessary	16		0
DURABLE MEDICAL EQUIPMENT MI	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
DURABLE MEDICAL EQUIPMENT MI	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	3		0		0
DURABLE MEDICAL EQUIPMENT MI	EPISODIC CLUSTER HEADACHE, INTRACTABLE	Ancillary	Denied	2	Services are not medically necessary	2		0
DURABLE MEDICAL EQUIPMENT MI	FEEDING DIFFICULTIES	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	GASTROSTOMY STATUS	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	GASTROSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	HYDROCEPHALUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	HYDROCEPHALUS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER	Ancillary	Denied	2	Services are not medically necessary	2		0

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DURABLE MEDICAL EQUIPMENT MI	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Ancillary	Denied	2	Services are not medically necessary	2		0
DURABLE MEDICAL EQUIPMENT MI	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	5		0		0
DURABLE MEDICAL EQUIPMENT MI	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	MULTIPLE SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	NEURALGIA AND NEURITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Denied	2	Services are not medically necessary	2		0
DURABLE MEDICAL EQUIPMENT MI	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Denied	9	Services are not medically necessary	9		0
DURABLE MEDICAL EQUIPMENT MI	OTHER SPECIFIED DISORDERS OF TEMPOROMANDIBULAR JOINT	Dentistry	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	PARAPLEGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	PHRENIC NERVE PARALYSIS DUE TO BIRTH INJURY	Ancillary	Denied	2	Services are not medically necessary	2		0
DURABLE MEDICAL EQUIPMENT MI	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Denied	13	Services are not medically necessary	13		0
DURABLE MEDICAL EQUIPMENT MI	POMPE DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Ancillary	Approved	2		0		0
DURABLE MEDICAL EQUIPMENT MI	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Dermatology	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	QUADRIPLEGIA, C5-C7 COMPLETE	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	RADICULOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	RESTLESS LEGS SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	RETT'S SYNDROME	Ancillary	Approved	5		0		0
DURABLE MEDICAL EQUIPMENT MI	SEROUS RETINAL DETACHMENT, BILATERAL	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Denied	8	Services are not medically necessary	8		0
DURABLE MEDICAL EQUIPMENT MI	SPINA BIFIDA, UNSPECIFIED	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
DURABLE MEDICAL EQUIPMENT MI	TRACHEOSTOMY STATUS	Ancillary	Denied	3	Services are not medically necessary	3		0
DURABLE MEDICAL EQUIPMENT MI	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	WHEEZING	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI; DURABLE MEDICAL EQUIPMENT MI; DURABLE MEDICAL EQUIPMENT MI; REPAIR O	F89 - Unspecified disorder of psychological development	Durable Medical Equipment	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	RESTLESS LEGS SYNDROME	Rheumatology		0		0	Denied	1
DURAGESIC 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
DURAGESIC 25 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	1		0		0
DURAGESIC 50 MCG/HR PATCH	RADICULOPATHY, LUMBAR REGION	Internal Medicine	Approved	1		0		0
DURAGESIC FENTANYL PATCHES EMP	Other chronic pancreatitis	Surgery, Orthopedic		0		0	Approved	1
DURAL GRAFT, SPINAL	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Urology		0		0	Denied	1
DUROLANE 60 MG/3 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUZALLO 200-300 MG TABLET	IDIOPATHIC GOUT, UNSPECIFIED SITE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DX BONE MARROW ASPIRATIONS	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
DX BONE MARROW ASPIRATIONS	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
DX BONE MARROW ASPIRATIONS	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
DX BONE MARROW BIOPSIES	PRESENCE OF HEART ASSIST DEVICE	Family Medicine	Approved	1		0		0
DX BRONCHOSCOPE/WASH	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	BENIGN NEOPLASM OF LARYNX	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Facility	Approved	1		0		0

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DX BRONCHOSCOPE/WASH	EARLY CONGENITAL SYPHILITIC OSTEOCHONDROPATHY	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	LOCALIZED ENLARGED LYMPH NODES	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	MYCOBACTERIAL INFECTION, UNSPECIFIED	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	OTHER DISEASES OF VOCAL CORDS	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Other	Denied	1	Services are not medically necessary	1		0
DX BRONCHOSCOPE/WASH	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	SOLITARY PULMONARY NODULE	Facility	Approved	1		0		0
DX BRONCHOSCOPE/WASH	TUBERCULOSIS OF LUNG	Facility	Approved	1		0		0
DX LARYNGOSCOPY W/OPER SCOPE	BENIGN NEOPLASM OF LARYNX	Facility	Approved	1		0		0
DX LARYNGOSCOPY W/OPER SCOPE	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Pediatric Otolaryngology	Approved	1		0		0
DX LARYNGOSCOPY W/OPER SCOPE	TRACHEOSTOMY STATUS	Other	Denied	1	Services are not medically necessary	1		0
DYANAVAL XR	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Emergency Medicine		0		0	Denied	1
DYANAVAL XR 2.5 MG/ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	4		0		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	5	Services are not medically necessary	5		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	3		0		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	4	Services are not medically necessary	4		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	5		0		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	2		0		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatric Neurology	Approved	1		0		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	2		0		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	3	Services are not medically necessary	3		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
DYANAVAL XR 2.5 MG/ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	9	Services are not medically necessary	9		0
DYMISTA NASAL	ALLERGIC RHINITIS DUE TO POLLEN	Surgery, Orthopedic		0		0	Denied	1
DYMISTA NASAL SPRAY		Allergy	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY		Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY		Internal Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY		Physician	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ACUTE FRONTAL SINUSITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0

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DYMISTA NASAL SPRAY	ACUTE SINUSITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Denied	7	Services are not medically necessary	7		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Family Medicine	Denied	7	Services are not medically necessary	7		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Internal Medicine	Approved	1		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Otolaryngology (Ear, Nose, And Throat)	Denied	5	Services are not medically necessary	5		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Physician	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Physician Assistant	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Allergy/Immunology	Denied	6	Services are not medically necessary	6		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Neurology	Approved	1		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	6	Services are not medically necessary	6		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Pulmonary Disease	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	ALLERGY, UNSPECIFIED, SEQUELA	Pediatric Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	CHRONIC RHINITIS	Allergy/Immunology	Approved	1		0		0
DYMISTA NASAL SPRAY	CHRONIC RHINITIS	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	CHRONIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	HYPERTROPHY OF NASAL TURBINATES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	MYCOPLASMA INFECTION, UNSPECIFIED SITE	Pediatric Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	NASAL CONGESTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER ACUTE RECURRENT SINUSITIS	Physician	Approved	1		0		0
DYMISTA NASAL SPRAY	OTHER ALLERGIC RHINITIS	Allergy	Approved	1		0		0
DYMISTA NASAL SPRAY	OTHER ALLERGIC RHINITIS	Allergy	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	OTHER ALLERGIC RHINITIS	Allergy/Immunology	Approved	1		0		0
DYMISTA NASAL SPRAY	OTHER ALLERGIC RHINITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER ALLERGIC RHINITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER CHRONIC SINUSITIS	Allergy	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Family Medicine	Denied	3	Services are not medically necessary	3		0
DYMISTA NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	POSTNASAL DRIP	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0

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EAR CARTILAGE GRAFT	ACQUIRED DEFORMITY OF NOSE	Ancillary	Denied	1	Services are not medically necessary	1		0
EAR CARTILAGE GRAFT	ADHESIVE MIDDLE EAR DISEASE, BILATERAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	BASAL CELL CARCINOMA OF SKIN OF NOSE	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	CENTRAL PERFORATION OF TYMPANIC MEMBRANE, BILATERAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	CENTRAL PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	CENTRAL PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	Facility	Approved	3		0		0
EAR CARTILAGE GRAFT	CENTRAL PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	CHOLESTEATOMA OF MASTOID, LEFT EAR	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	CHOLESTEATOMA OF MASTOID, RIGHT EAR	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	CHOLESTEATOMA OF TYMPANUM, BILATERAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	CHOLESTEATOMA OF TYMPANUM, LEFT EAR	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	CHOLESTEATOMA OF TYMPANUM, LEFT EAR	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	CONDCTV HEAR LOSS, UNI, RIGHT EAR, W UNRESTR HEAR CNTRA SIDE	Facility	Approved	3		0		0
EAR CARTILAGE GRAFT	CONDUCTIVE HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	CONDUCTIVE HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	DEVIATED NASAL SEPTUM	Facility	Denied	1	Services are not medically necessary	1		0
EAR CARTILAGE GRAFT	LABYRINTHINE FISTULA, LEFT EAR	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	OTALGIA, BILATERAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	OTH FRACTURE OF BASE OF SKULL, SUBS FOR FX W ROUTN HEAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	OTH MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PARTS OF FACE	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	OTHER MARGINAL PERFORATIONS OF TYMPANIC MEMBRANE, RIGHT EAR	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	OTHER SPECIFIED DISEASES OF INNER EAR, BILATERAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	4		0		0
EAR CARTILAGE GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
EAR CARTILAGE GRAFT	TOTAL PERFORATIONS OF TYMPANIC MEMBRANE, LEFT EAR	Facility	Denied	1	Services are not medically necessary	1		0
EAR CARTILAGE GRAFT	UNSP PERFORATION OF TYMPANIC MEMBRANE, UNSPECIFIED EAR	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	UNSPECIFIED CHOLESTEATOMA, LEFT EAR	Family Medicine	Approved	1		0		0
EAR CARTILAGE GRAFT	UNSPECIFIED OTOSCLEROSIS, RIGHT EAR	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	Ancillary	Approved	3		0		0
EAR CARTILAGE GRAFT	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	Facility	Approved	3		0		0
EAR CARTILAGE GRAFT	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR	Ancillary	Approved	1		0		0

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EAR CARTILAGE GRAFT	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR	Facility	Approved	1		0		0
EATING DISORDER INTENSIVE OUTPATIENT PROGRAM	Anorexia nervosa, binge eating/purging type	Behavioral Health Facility	Approved	1		0		0
EATING DISORDER INTENSIVE OUTPATIENT PROGRAM	Anorexia nervosa, restricting type	Behavioral Health Facility	Approved	1		0		0
EATING DISORDER INTENSIVE OUTPATIENT PROGRAM	Avoidant/restrictive food intake disorder	Behavioral Health Facility	Approved	1		0		0
EATING DISORDER INTENSIVE OUTPATIENT PROGRAM	Bulimia nervosa	Behavioral Health Facility	Approved	1		0		0
EATING DISORDER PARTIAL HOSPITALIZATION PROGRAM	Avoidant/restrictive food intake disorder	Behavioral Health Facility	Approved	1		0		0
EATING DISORDER PARTIAL HOSPITALIZATION PROGRAM	Bulimia nervosa	Behavioral Health Facility	Approved	1		0		0
ECG MONIT/REPRT UP TO 48 HRS	LONG QT SYNDROME	Facility	Approved	2		0		0
ECG MONIT/REPRT UP TO 48 HRS	OTHER CHEST PAIN	CARDIOVASCULAR SURGERY	Approved	1		0		0
ECG MONIT/REPRT UP TO 48 HRS	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
ECG MONIT/REPRT UP TO 48 HRS	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	1		0		0
ECG MONIT/REPRT UP TO 48 HRS	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
ECG MONIT/REPRT UP TO 48 HRS	TETRALOGY OF FALLOT	Facility	Approved	2		0		0
ECHO (2D) DURING STRESS TEST WITH CONTINUOUS EKG MONITORING, PHY. SPRVSN	Q21.0 - Ventricular septal defect	Pediatrics	Approved	1		0		0
ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER	I51.7 - Cardiomegaly; R94.31 - Abnormal electrocardiogram (ECG) (EKG)	Pediatrics	Approved	1		0		0
ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER	R07.9 - Chest pain, unspecified	Pediatric Cardiology	Approved	1		0		0
ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER	R94.31 - Abnormal electrocardiogram (ECG) (EKG)	Nurse Practitioner	Approved	1		0		0
ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER; BONE MARROW ASPIRATION; BONE MARROW BIOPSY; DIAGNO	C90.02 - Multiple myeloma in relapse	Oncology	Approved	1		0		0
ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER; ECHO TRANSTHORACIC	Q21.0 - Ventricular septal defect	Pediatrics	Approved	1		0		0
ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER; ELECTROCARDIOGRAM, TRACING; ECG MONITOR/RECORD, 24	Z82.41 - Family history of sudden cardiac death	Pediatrics	Approved	1		0		0
ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER; ELECTROCARDIOGRAM, TRACING; OFFICE/OUTPATIENT VISI	M25.50 - Hypermobility arthralgia; M25.50 - Pain in unspecified joint; Q87.40 - Marfan's syndrome, unspecified; Q97.0 - Karyotype 47, XXX	Pediatrics	Approved	1		0		0
ECHO EXAM OF ABDOMEN	ALPHA-1-ANTITRYPSIN DEFICIENCY	Facility	Approved	1		0		0
ECHO EXAM OF ABDOMEN	FALL ON SIDEWALK CURB	Facility	Approved	1		0		0
ECHO EXAM OF FETAL HEART	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Facility	Approved	1		0		0
ECHO EXAM OF FETAL HEART; ECHO EXAM OF FETAL HEART; DOPPLER COLOR FLOW ADD-ON; OFFICE/OUTPATIENT V	Q25.6 - Stenosis of pulmonary artery	Obstetrics & Gynecology- Maternal & Fetal Medicine	Approved	1		0		0
ECHO EXAM OF FETAL HEART; ECHO EXAM OF FETAL HEART; DOPPLER COLOR FLOW ADD-ON; OFFICE/OUTPATIENT V	Z04.89 - Encounter for examination and observation for other specified reasons	Pediatric Cardiology	Approved	1		0		0
ECHO EXAM OF FETAL HEART; ECHO EXAM OF FETAL HEART; OFFICE/OUTPATIENT VISIT, NEW	O09.92 - Supervision of high risk pregnancy, unspecified, second trimester; O35.8XX0 - Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified	Pediatric Cardiology	Approved	1		0		0
ECHO EXAM OF FETAL HEART; OFFICE/OUTPATIENT VISIT, NEW	O35.8XX0 - Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified	OB/Gyn	Approved	1		0		0
ECHO EXAM OF HEAD	RIGHT AORTIC ARCH	Facility	Approved	2		0		0
ECHO EXAM, UTERUS; CATHETER FOR HYSTEROGRAPHY	N84.0 - Polyp of corpus uteri	OB/Gyn	Approved	1		0		0

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ECHO GUIDE FOR BIOPSY	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Family Medicine	Approved	2		0		0
ECHO GUIDE FOR BIOPSY	DISORDER OF BREAST, UNSPECIFIED	Family Medicine	Approved	2		0		0
ECHO GUIDE FOR BIOPSY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Facility	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
ECHO GUIDE FOR BIOPSY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	MYOPATHY, UNSPECIFIED	Family Medicine	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	NONTOXIC SINGLE THYROID NODULE	Facility	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Family Medicine	Approved	17		0		0
ECHO GUIDE FOR BIOPSY	PAIN IN RIGHT FINGER(S)	Family Medicine	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	RIGHT UPPER QUADRANT PAIN	Facility	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	2		0		0
ECHO GUIDE FOR BIOPSY	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	Family Medicine	Approved	1		0		0
ECHO GUIDE FOR BIOPSY	WEAKNESS	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	ATRIAL SEPTAL DEFECT	Facility	Approved	2		0		0
ECHO TRANSESOPHAGEAL	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	DILATED CARDIOMYOPATHY	Facility	Approved	2		0		0
ECHO TRANSESOPHAGEAL	DISP FX OF NECK OF UNSP METACARPAL BONE, INIT FOR CLOS FX	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	HYPERSOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	HYPERTENSIVE EMERGENCY	Facility	Approved	2		0		0
ECHO TRANSESOPHAGEAL	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF HEART	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	PULMONARY HYPERTENSION, UNSPECIFIED	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	TYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
ECHO TRANSESOPHAGEAL; DOPPLER ECHO EXAM, HEART; DOPPLER COLOR FLOW ADD-ON; MODERATE SEDATION SERVI	I25.10 - CAD (coronary artery disease); I42.9 - Cardiomyopathy (HCC); I48.91 - Atrial fibrillation (HCC); I48.92 - Atrial flutter (HCC)	Cardiology	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	2		0		0
ECHO TRANSTHORACIC	ABNORMAL ELECTROCARDIOGRAM	FAMILY PRACTICE	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL ELECTROCARDIOGRAM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL ELECTROCARDIOGRAM	SURGERY-NEUROLOGY	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	ADVERSE EFFECT UNS ANESTHETIC INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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ECHO TRANSTHORACIC	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
ECHO TRANSTHORACIC	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	2		0		0
ECHO TRANSTHORACIC	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	ATHEROSCLEROSIS OF AORTA	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	ATRESIA OF PULMONARY ARTERY	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	ATRIAL SEPTAL DEFECT	Facility	Approved	3		0		0
ECHO TRANSTHORACIC	ATRIOVENTRICULAR SEPTAL DEFECT	Facility	Approved	3		0		0
ECHO TRANSTHORACIC	CARDIAC ARRHYTHMIA, UNSPECIFIED	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	CARDIAC MURMUR, UNSPECIFIED	Facility	Approved	6		0		0
ECHO TRANSTHORACIC	CARDIOMEGALY	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	CARDIOMYOPATHY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	CHEST PAIN ON BREATHING	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	3		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	4		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	HOSPITAL	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	OTHER	Approved	1		0		0
ECHO TRANSTHORACIC	CHEST PAIN, UNSPECIFIED	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	COARCTATION OF AORTA	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	CONGENITAL PULMONARY VALVE STENOSIS	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	DOUBLE OUTLET RIGHT VENTRICLE	Facility	Approved	5		0		0
ECHO TRANSTHORACIC	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	ENDOCARDITIS VALVE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	6		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR	Approved	1		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0

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ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	5		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	HOSPITAL	Approved	1		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	FAMILY HISTORY OF DISEASES OF THE MS SYS AND CONNECTIVE TISS	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	2		0		0
ECHO TRANSTHORACIC	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	HYPERMOBILITY SYNDROME	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	I50.42 - Chronic combined systolic (congestive) and diastolic (congestive) heart failure; I50.9 - Heart failure, unspecified; Q24.9 - Congenital malformation of heart, unspecified; Z76.82 - Awaiting organ transplant status	Pediatric Cardiology	Approved	1		0		0
ECHO TRANSTHORACIC	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	MALFORMATION OF CORONARY VESSELS	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
ECHO TRANSTHORACIC	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	NURSE PRACTITIONER	Approved	1		0		0
ECHO TRANSTHORACIC	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	NONRHEUMATIC PULMONARY VALVE STENOSIS	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
ECHO TRANSTHORACIC	OTHER CARDIOMYOPATHIES	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	CARDIOLOGIST	Approved	3		0		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER FORMS OF ANGINA PECTORIS	FAMILY PRACTICE	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Approved	3		0		0
ECHO TRANSTHORACIC	OTHER FORMS OF DYSPNEA	FAMILY PRACTICE	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Approved	2		0		0
ECHO TRANSTHORACIC	OTHER HYPERTROPHIC CARDIOMYOPATHY	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	3		0		0
ECHO TRANSTHORACIC	OTHER SPECIFIED SOFT TISSUE DISORDERS	RHEUMATOLOGY	Approved	1		0		0

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ECHO TRANSTHORACIC	PAIN IN LEFT ARM	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	PALPITATIONS	CARDIOLOGIST	Approved	2		0		0
ECHO TRANSTHORACIC	PALPITATIONS	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	2		0		0
ECHO TRANSTHORACIC	PALPITATIONS	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	PALPITATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	PALPITATIONS	INTERNAL MEDICINE	Approved	2		0		0
ECHO TRANSTHORACIC	PALPITATIONS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	PATENT DUCTUS ARTERIOSUS	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	PERSONAL HISTORY OF CONGENITAL MALFORM OF HEART AND CIRC.SYS	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	PRECORDIAL PAIN	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	PULMONARY VALVE ATRESIA	Facility	Approved	4		0		0
ECHO TRANSTHORACIC	PURE HYPERGLYCIDEMIA	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	RIGHT AORTIC ARCH	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	SHORTNESS OF BREATH	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	SYNCOPE AND COLLAPSE	Facility	Approved	3		0		0
ECHO TRANSTHORACIC	SYNCOPE AND COLLAPSE	GENERAL PRACTICE	Approved	1		0		0
ECHO TRANSTHORACIC	TACHYCARDIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	TACHYCARDIA, UNSPECIFIED	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	TETRALOGY OF FALLOT	Facility	Approved	2		0		0
ECHO TRANSTHORACIC	TUBEROUS SCLEROSIS	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	1		0		0
ECHO TRANSTHORACIC	Unknown	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	UNSPECIFIED ABNORMALITIES OF BREATHING	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	VENTRICULAR SEPTAL DEFECT	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	VOMITING, UNSPECIFIED	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	WEAKNESS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC; DOPPLER ECHO EXAM, HEART; DOPPLER COLOR FLOW ADD-ON	I51.7 - Cardiomegaly	Pediatrics	Approved	1		0		0
ECHO TRANSTHORACIC; ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER	M35.7 - Hypermobility syndrome	Pediatric Rheumatology	Approved	1		0		0

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ECHO TRANSTHORACIC; OFFICE/OUTPATIENT VISIT, NEW	R55 - Syncope	Pediatric Cardiology	Approved	1		0		0
ECULIZUMAB INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	2		0		0
ECULIZUMAB INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Neurology	Denied	1	Services are not medically necessary	1		0
ECULIZUMAB INJECTION	NEUROMYELITIS OPTICA [DEVIC]	Ancillary	Approved	1		0		0
ECULIZUMAB INJECTION	NEUROMYELITIS OPTICA [DEVIC]	Neurology	Denied	1	Services are not medically necessary	1		0
ECULIZUMAB INJECTION	OTHER GENERAL SYMPTOMS AND SIGNS	Facility	Approved	1		0		0
ECULIZUMAB INJECTION	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Denied	1	Services are not medically necessary	1		0
ECULIZUMAB INJECTION	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	Hematology	Approved	1		0		0
EDARBI 40 MG TABLET	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	2		0		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	3		0		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	7	Services are not medically necessary	7		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	2		0		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	5	Services are not medically necessary	5		0
EDARBI 40 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician Assistant	Approved	1		0		0
EDARBI 40 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
EDARBI 80 MG TABLET		Family Medicine	Approved	1		0		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	9		0		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	4		0		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	3	Services are not medically necessary	3		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	3		0		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	2	Services are not medically necessary	2		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Approved	1		0		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	1	Services are not medically necessary	1		0
EDARBI 80 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EDARBYCLOR	Essential (primary) hypertension	Rheumatology		0		0	Approved	1
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	3		0		0
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	5		0		0
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	4	Services are not medically necessary	4		0
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Gastroenterology	Approved	1		0		0
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	2		0		0
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Approved	1		0		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Approved	1		0		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	8		0		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	7	Services are not medically necessary	7		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	2		0		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	8	Services are not medically necessary	8		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	General Practice	Denied	1	Services are not medically necessary	1		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	4	Services are not medically necessary	4		0
EDARBYCLOR 40-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Approved	1		0		0
EDARBYCLOR 40-25 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
EDARBYCLOR 40-25 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
EDARBYCLOR 40-25 MG TABLET	UNSTABLE ANGINA	Internal Medicine	Approved	1		0		0

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EDEX 10 MCG CARTRIDGE 6-PK KIT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	1	Services are not medically necessary	1		0
EDEX 20 MCG CARTRIDGE 2-PK KIT	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	1	Services are not medically necessary	1		0
EDEX 20 MCG CARTRIDGE 6-PK KIT	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
EDLUAR	Primary insomnia	Physician		0		0	Approved	1
EDLUAR 10 MG SL TABLET	INSOMNIA, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
EDLUAR 10 MG SL TABLET	PRIMARY INSOMNIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
EDURANT 25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
EEG 41-60 MINUTES	ABNORMAL ELECTROENCEPHALOGRAM [EEG]	Facility	Approved	1		0		0
EEG 41-60 MINUTES	AUTISTIC DISORDER	Facility	Approved	1		0		0
EEG 41-60 MINUTES	COMPLEX FEBRILE CONVULSIONS	Facility	Approved	1		0		0
EEG 41-60 MINUTES	FASCICULATION	Facility	Approved	1		0		0
EEG 41-60 MINUTES	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Facility	Approved	2		0		0
EEG 41-60 MINUTES	UNSPECIFIED CONVULSIONS	Facility	Approved	3		0		0
EEG ALL NIGHT RECORDING	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Denied	2	Services are not medically necessary	2		0
EEG AWAKE AND ASLEEP	ALTERED MENTAL STATUS, UNSPECIFIED	NEUROLOGY	Approved	1		0		0
EEG AWAKE AND ASLEEP	ATRIAL SEPTAL DEFECT	Facility	Approved	1		0		0
EEG AWAKE AND ASLEEP	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	ABNORMAL ELECTROENCEPHALOGRAM [EEG]	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	DIZZINESS AND GIDDINESS	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
EEG AWAKE AND DROWSY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	HYPERSOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Family Medicine	Approved	1		0		0
EEG AWAKE AND DROWSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	3		0		0
EEG AWAKE AND DROWSY	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	Facility	Approved	3		0		0
EEG AWAKE AND DROWSY	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Facility	Approved	4		0		0
EEG AWAKE AND DROWSY	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	SCAR CONDITIONS AND FIBROSIS OF SKIN	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
EEG AWAKE AND DROWSY	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	TRANSIENT ALTERATION OF AWARENESS	Facility	Approved	2		0		0
EEG AWAKE AND DROWSY	TREMOR, UNSPECIFIED	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	UNSP FX SHAFT OF LEFT FEMUR, SUBS FOR CLOS FX W NONUNION	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	Facility	Approved	1		0		0
EEG AWAKE AND DROWSY	UNSPECIFIED CONVULSIONS	Family Medicine	Approved	1		0		0
EEG AWAKE AND DROWSY	UNSPECIFIED VISUAL DISTURBANCE	Facility	Approved	1		0		0
EEG DIGITAL ANALYSIS	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
EEG DIGITAL ANALYSIS	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
EEG EXTENDED MONITORING 61-119 MINUTES	R40.4 - Staring episodes	Pediatrics	Approved	1		0		0
EEG EXTENDED MONITORING 61-119 MINUTES	R56.9 - Unspecified convulsions	Pediatrics	Approved	1		0		0

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EEG EXTND MNTR 61-119 MIN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	1		0		0
EEG EXTND MNTR 61-119 MIN	EPILEPTIC SPASMS, NOT INTRACTABLE, W/O STATUS EPILEPTICUS	Facility	Approved	1		0		0
EEG EXTND MNTR 61-119 MIN	OTHER CEREBRAL PALSY	Family Medicine	Approved	1		0		0
EEG EXTND MNTR 61-119 MIN	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Facility	Approved	1		0		0
EEG EXTND MNTR 61-119 MIN	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
EEG EXTND MNTR 61-119 MIN	TRANSIENT ALTERATION OF AWARENESS	Facility	Approved	2		0		0
EEG EXTND MNTR 61-119 MIN	UNSPECIFIED CONVULSIONS	Facility	Approved	1		0		0
EEG MONITORING/VIDEORECORD	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Neurology	Approved	1		0		0
EEG MONITORING/VIDEORECORD	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
EEG MONITORING/VIDEORECORD	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Denied	1	Services are not medically necessary	1		0
EEG MONITORING/VIDEORECORD	EPILEPTIC SPASMS, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	2		0		0
EEG MONITORING/VIDEORECORD	EPILEPTIC SPASMS, NOT INTRACTABLE, W/O STATUS EPILEPTICUS	Facility	Approved	2		0		0
EEG MONITORING/VIDEORECORD	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Facility	Approved	1		0		0
EEG MONITORING/VIDEORECORD	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W STAT EPI	Facility	Approved	1		0		0
EEG MONITORING/VIDEORECORD	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W/O STAT EPI	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
EEG MONITORING/VIDEORECORD	UNSPECIFIED CONVULSIONS	Facility	Approved	2		0		0
EEG MONITORING/VIDEORECORD	UNSPECIFIED CONVULSIONS	Other	Approved	2		0		0
EEG MONITORING/VIDEORECORD-UP TO 24 HRS; INITIAL HOSPITAL CARE	G40.409 - Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus; G93.49 - Other encephalopathy	Pediatrics	Approved	1		0		0
EF BLENDERIZED FOODS	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	2		0		0
EF BLENDERIZED FOODS	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
EF CALORIE DENSE>=1.5KCAL	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
EF CALORIE DENSE>=1.5KCAL	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	4		0		0
EF CALORIE DENSE>=1.5KCAL	CROHN'S DISEASE OF SMALL INTESTINE W INTESTINAL OBSTRUCTION	Ancillary	Approved	1		0		0
EF CALORIE DENSE>=1.5KCAL	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
EF CALORIE DENSE>=1.5KCAL	INTESTINAL MALABSORPTION, UNSPECIFIED	Ancillary	Approved	3		0		0
EF COMPLET W/INTACT NUTRIENT	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
EF COMPLET W/INTACT NUTRIENT	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
EF COMPLET W/INTACT NUTRIENT	DEHYDRATION	Ancillary	Approved	2		0		0
EF COMPLET W/INTACT NUTRIENT	MALIGNANT NEOPLASM OF BRAIN STEM	Ancillary	Approved	1		0		0
EF INCOMPLETE/MODULAR	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0

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EF INCOMPLETE/MODULAR	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
EF PED CALORIC DENSE>/=0.7KC	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	1		0		0
EF PED CALORIC DENSE>/=0.7KC	AIRCRAFT ACC NOS-PERS NEC	Ancillary	Approved	2		0		0
EF PED CALORIC DENSE>/=0.7KC	CONGENITAL HYPOTONIA	Ancillary	Approved	2		0		0
EF PED CALORIC DENSE>/=0.7KC	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Ancillary	Approved	2		0		0
EF PED CALORIC DENSE>/=0.7KC	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	1		0		0
EF PED CALORIC DENSE>/=0.7KC	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	1		0		0
EF PED CALORIC DENSE>/=0.7KC	OTHER CEREBRAL PALSY	Ancillary	Approved	1		0		0
EF PED CALORIC DENSE>/=0.7KC	PULMONARY VALVE ATRESIA	Ancillary	Approved	2		0		0
EF PED CALORIC DENSE>/=0.7KC	TRACHEOSTOMY STATUS	Ancillary	Approved	2		0		0
EF PED CALORIC DENSE>/=0.7KC	Z98.890 - Other specified postprocedural states	Pediatric Cardiology	Denied	1	Services are not medically necessary	1		0
EF PED COMPLETE INTACT NUT	PLAGIOCEPHALY	Ancillary	Approved	2		0		0
EF PED HYDROLYZED/AMINO ACID	ALLERGY TO MILK PRODUCTS	Ancillary	Approved	2		0		0
EF PED HYDROLYZED/AMINO ACID	AUTISTIC DISORDER	Ancillary	Approved	1		0		0
EF PED HYDROLYZED/AMINO ACID	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
EF PED HYDROLYZED/AMINO ACID	FEEDING DIFFICULTIES	Ancillary	Approved	4		0		0
EF PED HYDROLYZED/AMINO ACID	OTHER SPECIFIED TRISOMIES AND PARTIAL TRISOMIES OF AUTOSOMES	Ancillary	Approved	1		0		0
EF PED HYDROLYZED/AMINO ACID	STENOSIS OF PULMONARY ARTERY	Ancillary	Approved	2		0		0
EF PED HYDROLYZED/AMINO ACID	Z91.011 - Allergy to milk products	Nurse Practitioner	Approved	1		0		0
EF SPEC METABOLIC NONINHERIT	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
EF SPEC METABOLIC NONINHERIT	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
EF SPECIAL METABOLIC INHERIT	CLASSICAL PHENYLKETONURIA	Ancillary	Approved	4		0		0
EFFEXOR XR 150 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
EFFEXOR XR 150 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EFFEXOR XR 150 MG CAPSULE	OTHER SPECIFIED ANXIETY DISORDERS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EGD BALLOON DIL ESOPH30 MM/>	HODGKIN LYMPHOMA, UNSP, EXTRANODAL AND SOLID ORGAN SITES	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	ANEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
EGD BIOPSY SINGLE/MULTIPLE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Denied	2	Services are not medically necessary	2		0
EGD BIOPSY SINGLE/MULTIPLE	FASCICULATION	Facility	Approved	2		0		0
EGD BIOPSY SINGLE/MULTIPLE	FEEDING DIFFICULTIES	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	2		0		0
EGD BIOPSY SINGLE/MULTIPLE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	HYPERSOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	OTHER CHRONIC PAIN	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	PAIN IN THROAT	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	PERIUMBILICAL PAIN	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
EGD BIOPSY SINGLE/MULTIPLE	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	ABDOMINAL DISTENSION (GASEOUS)	Ancillary	Approved	7		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL FINDINGS ON DX IMAGING OF LIVER AND BILIARY TRACT	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Ancillary	Approved	5		0		0

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EGD DIAGNOSTIC BRUSH WASH	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL WEIGHT GAIN	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL WEIGHT LOSS	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	ABSCESS OF CORPUS CAVERNOSUM AND PENIS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	ACHALASIA OF CARDIA	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ACHALASIA OF CARDIA	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ACUTE GASTRITIS WITHOUT BLEEDING	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	ANAL FISSURE, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ANEMIA, UNSPECIFIED	Ancillary	Approved	7		0		0
EGD DIAGNOSTIC BRUSH WASH	ANEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
EGD DIAGNOSTIC BRUSH WASH	ATAXIA, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Ancillary	Approved	13		0		0
EGD DIAGNOSTIC BRUSH WASH	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	BENIGN NEOPLASM OF DUODENUM	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	BUNION OF RIGHT FOOT	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Ancillary	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF KIDNEY	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF URETER	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CELIAC DISEASE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CHANGE IN BOWEL HABIT	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	CHOLESTEROLYSIS OF GALLBLADDER	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CHRONIC CHOLECYSTITIS	Ancillary	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	CHRONIC IDIOPATHIC CONSTIPATION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CHRONIC PANSINUSITIS	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CHRONIC VIRAL HEPATITIS C	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CORONARY ANGIOPLASTY STATUS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	COUGH	Ancillary	Approved	4		0		0

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EGD DIAGNOSTIC BRUSH WASH	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	CYCLICAL VOMITING, IN MIGRAINE, NOT INTRACTABLE	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	DEHYDRATION	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	DIARRHEA, UNSPECIFIED	Ancillary	Approved	7		0		0
EGD DIAGNOSTIC BRUSH WASH	DISORIENTATION, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INIT	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	23		0		0
EGD DIAGNOSTIC BRUSH WASH	DYSPHAGIA, UNSPECIFIED	Surgery, General	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	EARLY SATIETY	Ancillary	Approved	5		0		0
EGD DIAGNOSTIC BRUSH WASH	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Facility	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEP DEV	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	10		0		0
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	EOSINOPHILIC ESOPHAGITIS	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	EPIGASTRIC PAIN	Ancillary	Approved	73		0		0
EGD DIAGNOSTIC BRUSH WASH	EPIGASTRIC PAIN	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	EPIGASTRIC SWELLING, MASS OR LUMP	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	EPIODIC CLUSTER HEADACHE, INTRACTABLE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ERUCTATION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ESOPHAGEAL OBSTRUCTION	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	ESOPHAGEAL VARICES WITH BLEEDING	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	ESOPHAGITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	EXTRNOD MRGNL ZN B-CELL LYMPH OF MUCOSA-ASSOC LYMPHOID TISS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	FOOD IN ESOPHAGUS CAUSING OTHER INJURY, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	9		0		0

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EGD DIAGNOSTIC BRUSH WASH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	207		0		0
EGD DIAGNOSTIC BRUSH WASH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	GASTROPARESIS	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	GENERALIZED ABDOMINAL PAIN	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	HEADACHE	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	HEMATEMESIS	Ancillary	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	9		0		0
EGD DIAGNOSTIC BRUSH WASH	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	7		0		0
EGD DIAGNOSTIC BRUSH WASH	HYPERSOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	HYPERTENSIVE URGENCY	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	INDURATION PENIS PLASTICA	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	30		0		0
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	LEFT LOWER QUADRANT PAIN	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	LEFT UPPER QUADRANT PAIN	Ancillary	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	LEIOMYOMA OF UTERUS, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	LOCALIZED ADIPOSITY	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	LOWER ABDOMINAL PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF BODY OF STOMACH	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MANDIBULAR HYPERPLASIA	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MECH COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MELENA	Ancillary	Approved	7		0		0
EGD DIAGNOSTIC BRUSH WASH	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	MOR BID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	9		0		0

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EGD DIAGNOSTIC BRUSH WASH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	6		0		0
EGD DIAGNOSTIC BRUSH WASH	MUSCLE WEAKNESS (GENERALIZED)	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	NAUSEA	Ancillary	Approved	5		0		0
EGD DIAGNOSTIC BRUSH WASH	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	6		0		0
EGD DIAGNOSTIC BRUSH WASH	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	NONSPECIFIC MESENTERIC LYMPHADENITIS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	NONTOXIC MULTINODULAR GOITER	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	NONTOXIC MULTINODULAR GOITER	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OBESITY, UNSPECIFIED	Ancillary	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	OBESITY, UNSPECIFIED	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	20		0		0
EGD DIAGNOSTIC BRUSH WASH	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYSTEMS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER ASCITES	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Denied	1	Services are not medically necessary	1		0
EGD DIAGNOSTIC BRUSH WASH	OTHER DISEASES OF STOMACH AND DUODENUM	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER DYSPHAGIA	Ancillary	Approved	6		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER ENTHESOPATHY OF LEFT FOOT AND ANKLE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER ESOPHAGITIS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER INSTABILITY, RIGHT KNEE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER IRON DEFICIENCY ANEMIAS	Ancillary	Approved	7		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER OVARIAN CYST, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER PARTIAL INTESTINAL OBSTRUCTION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER SLEEP APNEA	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER SPECIFIED ABNORMAL IMMUNOLOGICAL FINDINGS IN SERUM	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Ancillary	Approved	4		0		0
EGD DIAGNOSTIC BRUSH WASH	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	PELVIC AND PERINEAL PAIN	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	PERFORATION OF INTESTINE (NONTRAUMATIC)	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	8		0		0
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	PERST MIGRAINE AURA W/O CEREBRAL INFRC, NTRCT, W STAT MIGR	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	PHIMOSIS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	POLYP OF COLON	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	POLYP OF STOMACH AND DUODENUM	Ancillary	Approved	1		0		0

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EGD DIAGNOSTIC BRUSH WASH	PULMONARY FIBROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	RIGHT UPPER QUADRANT PAIN	Ancillary	Approved	8		0		0
EGD DIAGNOSTIC BRUSH WASH	SECONDARY MALIGNANT NEOPLASM OF R KIDNEY AND RENAL PELVIS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	SEVERE SEPSIS WITH SEPTIC SHOCK	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	SHORTNESS OF BREATH	Facility	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	SLEEP DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	SNORING	Ancillary	Approved	5		0		0
EGD DIAGNOSTIC BRUSH WASH	SOMNOLENCE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	TORSION OF OVARY AND OVARIAN PEDICLE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	TORTICOLLIS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	TRIGGER FINGER, UNSPECIFIED FINGER	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	3		0		0
EGD DIAGNOSTIC BRUSH WASH	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	7		0		0
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED CIRRHOSIS OF LIVER	Ancillary	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	2		0		0
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED VISUAL DISTURBANCE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	UPPER ABDOMINAL PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	WEAKNESS	Ancillary	Approved	1		0		0
EGD DIAGNOSTIC BRUSH WASH	WHEEZING	Ancillary	Approved	1		0		0
EGD ENDOSCOPIC STENT PLACE	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
EGD ESOPHAGOGASTRIC FNDOPPLSTY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Denied	2	Services are not medically necessary	2		0
EGD ESOPHAGOGASTRIC FNDOPPLSTY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
EGD GUIDE WIRE INSERTION	ACHALASIA OF CARDIA	Facility	Approved	1		0		0
EGD GUIDE WIRE INSERTION	APHAGIA	Other	Denied	1	Services are not medically necessary	1		0
EGD PLACE GASTROSTOMY TUBE	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
EGD TUBE/CATH INSERTION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
EGD TUBE/CATH INSERTION	NONALCOHOLIC STEATOHEPATITIS (NASH)	Facility	Approved	1		0		0
EGD US EXAM DUODENUM/JEJUNUM	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Facility	Approved	1		0		0
EGD US EXAM DUODENUM/JEJUNUM	WEAKNESS	Ancillary	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	Facility	Approved	7		0		0
EGD US FINE NEEDLE BX/ASPIR	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Facility	Approved	4		0		0
EGD US FINE NEEDLE BX/ASPIR	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Facility	Approved	1		0		0

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EGD US FINE NEEDLE BX/ASPIR	BENIGN NEOPLASM, UNSPECIFIED SITE	Facility	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	Facility	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	MALIGNANT NEOPLASM OF BODY OF STOMACH	Facility	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	Facility	Approved	1		0		0
EGD US FINE NEEDLE BX/ASPIR	WEAKNESS	Facility	Approved	2		0		0
EGD US TRANSMURAL INJXN/MARK	ABDOMINAL DISTENSION (GASEOUS)	Ancillary	Approved	1		0		0
EGD US TRANSMURAL INJXN/MARK	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Ancillary	Approved	1		0		0
EGD US TRANSMURAL INJXN/MARK	MALIGNANT NEOPLASM OF BODY OF PANCREAS	Facility	Approved	1		0		0
EGD US TRANSMURAL INJXN/MARK	SNORING	Ancillary	Approved	1		0		0
EGFR GENE COM VARIANTS	COUGH	Facility	Approved	1		0		0
EGFR GENE COM VARIANTS	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	Hematology	Approved	1		0		0
EGFR GENE COM VARIANTS	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
EGRIFTA 1 MG VIAL	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	Infectious Disease	Approved	2		0		0
EGRIFTA 1 MG VIAL	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	Internal Medicine	Approved	3		0		0
EGRIFTA 1 MG VIAL	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	Physician	Denied	1	Services are not medically necessary	1		0
ELEC HAND IND ART DIGITS	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC KNEE-SHIN SWING/STANCE	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM NOT SPINE	ARTHRODESIS STATUS	Facility	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF 4TH METATARSAL BONE, L FT, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF 5TH METATARSAL BONE, R FT, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THK	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF PROXIMAL PHALANX OF LEFT GREAT TOE, SEQUELA	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	DISPLACED COMMINUTED FRACTURE OF SHAFT OF LEFT FIBULA, INIT	Family Medicine	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	FX UNSP METATARSAL BONE(S), R FOOT, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 1ST METATARSAL BONE, L FT, 7THK	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 2ND METATARSAL BONE, R FT, 7THK	Ancillary	Approved	1		0		0

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ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 5TH METATARSAL BONE, L FT, 7THK	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THK	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF MIDDLE THIRD OF NAVIC BONE OF L WRIST, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF TRAPEZIUM, RIGHT WRIST, INIT FOR CLOS FX	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP TRANSVERSE FX SHAFT OF L ULNA, 7THN	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM NOT SPINE	OTHER FRACTURE OF RIGHT FOOT, 7THK	Podiatry	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Ancillary	Approved	2		0		0
ELEC OSTEOGEN STIM NOT SPINE	STRESS FRACTURE, LEFT TIBIA, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	UNSP FRACTURE OF SHAFT OF UNSP TIBIA, INIT FOR CLOS FX	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Ancillary	Approved	15		0		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Ancillary	Denied	9	Services are not medically necessary	9		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Surgery, Neurological	Approved	2		0		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Surgery, Orthopedic	Approved	2		0		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	CERVICALGIA	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	Surgery, Hand	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	DISPLACED COMMINUTED FRACTURE OF SHAFT OF LEFT FIBULA, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	FUSION OF SPINE, LUMBOSACRAL REGION	Surgery, Neurological	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	HEADACHE	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	INFLAMMATORY DISORDERS OF SCROTUM	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
ELEC OSTEOGEN STIM SPINAL	LOW BACK PAIN	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Surgery, Neurological	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	OTHER KYPHOSIS, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	PAIN IN THORACIC SPINE	Surgery, Neurological	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, CERVICAL REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, CERVICAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0

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ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, CERVICAL REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, CERVICAL REGION	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Neurological	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Surgery, Neurological	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	Surgery, Neurological	Approved	1		0		0
ELEC STIM CANCER TREATMENT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	5		0		0
ELEC STIM CANCER TREATMENT	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	24 WEEKS GESTATION OF PREGNANCY	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	35 WEEKS GESTATION OF PREGNANCY	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	ABNORMALITY OF FORCES OF LABOR, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ANEMIA COMPLICATING PREGNANCY, THIRD TRIMESTER	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	CARCINOMA IN SITU OF EXOCERVIX	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	CHRONIC CHOLECYSTITIS	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	DECREASED FETAL MOVEMENTS, UNSP TRIMESTER, UNSP	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	DISEASES OF THE DGSTV SYS COMP PREGNANCY, SECOND TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	DORSALGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, THIRD TRIMESTER	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Ancillary	Approved	3		0		0
ELECTRIC BREAST PUMP	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	197		0		0
ELECTRIC BREAST PUMP	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Ancillary	Approved	8		0		0
ELECTRIC BREAST PUMP	ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ENCOUNTER FOR STERILIZATION	Ancillary	Approved	4		0		0
ELECTRIC BREAST PUMP	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Approved	1		0		0

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ELECTRIC BREAST PUMP	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, THIRD TRIMESTER	Ancillary	Approved	5		0		0
ELECTRIC BREAST PUMP	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	FALSE LABOR, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	GASTROSTOMY STATUS	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	GESTATIONAL HTN W/O SIGNIFICANT PROTEINURIA, UNSP TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	HEADACHE	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	HISTORY OF UTERINE SCAR FROM PREVIOUS SURGERY	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	ILLNESS, UNSPECIFIED	Ancillary	Approved	5		0		0
ELECTRIC BREAST PUMP	INCOMPETENCE OF CERVIX UTERI	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	MATERN CARE FOR OTH OR SUSP POOR FETL GRTH, UNSP TRI, UNSP	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	MATERNAL CARE FOR UNSP TYPE SCAR FROM PREVIOUS CESAREAN DEL	Ancillary	Approved	3		0		0
ELECTRIC BREAST PUMP	MISSED ABORTION	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	NONINFLAMMATORY DISORDER OF UTERUS, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	OTHER IRON DEFICIENCY ANEMIAS	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	OTHER SPECIFIED DISORDERS OF URETHRA	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	OTHER SPECIFIED HEALTH STATUS	Ancillary	Approved	4		0		0
ELECTRIC BREAST PUMP	OTHER UTERINE INERTIA	Ancillary	Approved	3		0		0
ELECTRIC BREAST PUMP	PERSONAL HISTORY OF PULMONARY EMBOLISM	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	PRE-EXISTING ESSENTIAL HYPERTENSION COMP THE PUERPERIUM	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	Ancillary	Approved	2		0		0
ELECTRIC BREAST PUMP	PREGNANT STATE, GESTATIONAL CARRIER	Ancillary	Approved	3		0		0
ELECTRIC BREAST PUMP	PREGNANT STATE, INCIDENTAL	Ancillary	Approved	78		0		0
ELECTRIC BREAST PUMP	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	PROTEINURIA, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Ancillary	Approved	3		0		0
ELECTRIC BREAST PUMP	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	RETAINED PLACENTA WITHOUT HEMORRHAGE	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	SINGLE STILLBIRTH	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, FIRST TRIMESTER	Ancillary	Approved	1		0		0

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ELECTRIC BREAST PUMP	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, UNSP TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	UNSP PRE-EXISTING HTN COMP PREGNANCY, UNSP TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	3		0		0
ELECTRIC BREAST PUMP	UNSPECIFIED FALL, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	UNSPECIFIED MATERNAL HYPERTENSION, COMP THE PUERPERIUM	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	UNSPECIFIED MATERNAL HYPERTENSION, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
ELECTRIC BREAST PUMP	VOMITING OF PREGNANCY, UNSPECIFIED	Ancillary	Approved	1		0		0
ELECTRICAL STIMULATION	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
ELECTRICAL STIMULATION	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
ELECTROCARDIOGRAM REPORT	OBSTRUCTION OF BILE DUCT	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	CARDIAC ARRHYTHMIA, UNSPECIFIED	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	CARDIAC MURMUR, UNSPECIFIED	Facility	Approved	3		0		0
ELECTROCARDIOGRAM TRACING	CRANIOSYNOSTOSIS	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	Facility	Approved	2		0		0
ELECTROCARDIOGRAM TRACING	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Facility	Approved	2		0		0
ELECTROCARDIOGRAM TRACING	PALPITATIONS	Facility	Approved	2		0		0
ELECTROCARDIOGRAM TRACING	POSTPROC CARDIAC INSUFFICIENCY FOLLOWING CARDIAC SURGERY	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	RIGHT AORTIC ARCH	Facility	Approved	1		0		0
ELECTROCARDIOGRAM, TRACING	Q24.5 - Malformation of coronary vessels	Pediatric Cardiology	Approved	1		0		0
ELECTROCARDIOGRAM, TRACING	R00.0 - Tachycardia, unspecified	Pediatrics	Approved	1		0		0
ELECTROCARDIOGRAM, TRACING; ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER	R07.9 - Chest pain, unspecified	Nurse Practitioner	Approved	1		0		0
ELECTROCARDIOGRAM, TRACING; ECHO (2D) WITH SPECTRAL AND COLOR FLOW DOPPLER; ECG MONITOR/RECORD, 24	E66.01 - Morbid (severe) obesity due to excess calories; R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension; Z68.54 - Body mass index (bmi) pediatric, greater than or equal to 95th percentile for age	Pediatrics	Approved	1		0		0
ELECTROCARDIOGRAM, TRACING; ECHO TRANSTHORACIC; CARDIOVASCULAR STRESS TEST; ECG MONITOR/RECORD, 24	R00.2 - Palpitations	Pediatric Cardiology	Approved	1		0		0
ELECTRODES, PAIR	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
ELECTRODES, PAIR	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
ELECTRODES, PAIR	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	2		0		0
ELECTRODES, PAIR	NONTOXIC GOITER, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
ELECTRODES, PAIR	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
ELECTRODES, PAIR	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
ELECTRODES, PAIR	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
ELECTRODES, PAIR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
ELECTRODES, PAIR	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0

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ELECTRODES, PAIR	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
ELECTRODES, PAIR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
ELECTROPHYS MAP 3D ADD-ON	PRE-EXCITATION SYNDROME	Facility	Approved	1		0		0
ELECTROPHYS MAP 3D ADD-ON	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ELECTROPHYSIOLOGIC STUDY	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
ELECTROPHYSIOLOGY EVALUATION	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	HOSPITAL	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	Facility	Approved	2		0		0
ELECTROPHYSIOLOGY EVALUATION	ATYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	CARDIAC ARREST, CAUSE UNSPECIFIED	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	3		0		0
ELECTROPHYSIOLOGY EVALUATION	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	HOSPITAL	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	PALPITATIONS	Facility	Approved	2		0		0
ELECTROPHYSIOLOGY EVALUATION	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	22		0		0
ELECTROPHYSIOLOGY EVALUATION	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	4	Services are not medically necessary	4		0
ELECTROPHYSIOLOGY EVALUATION	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	7		0		0
ELECTROPHYSIOLOGY EVALUATION	PERSISTENT ATRIAL FIBRILLATION	Facility	Denied	3	Services are not medically necessary	3		0
ELECTROPHYSIOLOGY EVALUATION	PRE-EXCITATION SYNDROME	Facility	Approved	10		0		0
ELECTROPHYSIOLOGY EVALUATION	PRE-EXCITATION SYNDROME	Facility	Denied	1	Services are not medically necessary	1		0
ELECTROPHYSIOLOGY EVALUATION	PRE-EXCITATION SYNDROME	Pediatric Cardiology	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	SUICIDAL IDEATIONS	Facility	Approved	2		0		0
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	31		0		0
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	3	Services are not medically necessary	3		0
ELECTROPHYSIOLOGY EVALUATION	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	TYPICAL ATRIAL FLUTTER	Facility	Approved	3		0		0
ELECTROPHYSIOLOGY EVALUATION	UNSTABLE ANGINA	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	10		0		0
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ELECTRO-UROFLOWMETRY FIRST	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Approved	1		0		0
ELECTRO-UROFLOWMETRY FIRST	DYSURIA	Facility	Approved	1		0		0
ELETRIPTAN	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant		0		0	Approved	1
ELETRIPTAN HBR 40 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
ELETRIPTAN HBR 40 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Surgery, General	Denied	1	Services are not medically necessary	1		0
ELETRIPTAN HBR 40 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
ELETRIPTAN HBR 40 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ELETRIPTAN HBR 40 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ELETRIPTAN HBR 40 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
ELEVATING WHLCHAIR LEG RESTS	UNSP FRACTURE OF SHAFT OF UNSP TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
ELMIRON 100 MG CAPSULE	FREQUENCY OF MICTURITION	Urology	Approved	1		0		0
ELOCTATE 3,000 UNIT NOMINAL	HEREDITARY FACTOR VIII DEFICIENCY	Hematology	Approved	1		0		0
EMBEDA ER 20-0.8 MG CAPSULE	OTHER CHRONIC PAIN	Physical Medicine	Approved	1		0		0
EMBEDA ER 30-1.2 MG CAPSULE	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Approved	1		0		0

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EMEND 125 MG CAPSULE	NAUSEA WITH VOMITING, UNSPECIFIED	Hematology	Denied	1	Services are not medically necessary	1		0
EMEND 80 MG CAPSULE		Surgery, General	Denied	1	Services are not medically necessary	1		0
EMFLAZA 30 MG TABLET	MUSCULAR DYSTROPHY	Pediatrics	Approved	1		0		0
EMGALITY	Chronic migraine without aura, intractable, without status migrainosus	Internal Medicine		0		0	Denied	1
EMGALITY	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Pain Management		0		0	Denied	1
EMGALITY	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Obstetrics/Gynecology		0		0	Denied	1
EMGALITY	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management		0		0	Approved	1
EMGALITY	Migraine without aura, intractable, with status migrainosus	Neurology		0		0	Denied	1
EMGALITY	Migraine, unspecified, not intractable, without status migrainosus	Pediatrics		0		0	Approved	1
EMGALITY	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatrics		0		0	Denied	1
EMGALITY 120 MG/ML PEN		Neurology	Approved	1		0		0
EMGALITY 120 MG/ML PEN		Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Clinical Neurophysiology	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	3	Services are not medically necessary	3		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	10		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Physician	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	10		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	9	Services are not medically necessary	9		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	Neurology	Approved	1		0		0

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EMGALITY 120 MG/ML PEN	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	Family Medicine	Approved	1		0		0
EMGALITY 120 MG/ML PEN	EPISODIC CLUSTER HEADACHE, INTRACTABLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	EPISODIC CLUSTER HEADACHE, NOT INTRACTABLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	EPISODIC CLUSTER HEADACHE, NOT INTRACTABLE	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML PEN	HEADACHE	Neurology	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML PEN	HEADACHE	Pain Management	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	4		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	6	Services are not medically necessary	6		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	5		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	5	Services are not medically necessary	5		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	2		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	3		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	3	Services are not medically necessary	3		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Approved	2		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	2		0		0

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EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	6	Services are not medically necessary	6		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITHOUT AURA	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	7		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	10	Services are not medically necessary	10		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	4	Services are not medically necessary	4		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Approved	2		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML PEN	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE		Physician	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician	Approved	2		0		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML SYRINGE	EPISODIC CLUSTER HEADACHE, INTRACTABLE	Neurology	Denied	1	Services are not medically necessary	1		0

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EMGALITY 120 MG/ML SYRINGE	EPISODIC CLUSTER HEADACHE, NOT INTRACTABLE	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Clinical Neurophysiology	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML SYRINGE	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
EMTRIVA 200 MG CAPSULE	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
EMTRIVA 200 MG CAPSULE	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
EMVERM 100 MG TABLET CHEW	FAMILY HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	Pediatrics	Approved	1		0		0
EMVERM 100 MG TABLET CHEW	HELMINTHIASIS, UNSPECIFIED	Pediatric Gastroenterology	Approved	1		0		0
EMVERM 100 MG TABLET CHEW	INTESTINAL PARASITISM, UNSPECIFIED	Family Medicine	Approved	2		0		0
EMVERM 100 MG TABLET CHEW	OCCUPATIONAL EXPOSURE TO UNSPECIFIED RISK FACTOR	Family Medicine	Denied	1	Services are not medically necessary	1		0
ENBREL	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Neurology		0		0	Denied	1
ENBREL	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Endocrinology And Metabolism		0		0	Denied	1
ENBREL 25 MG KIT	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
ENBREL 25 MG KIT	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Pediatric Rheumatology	Approved	1		0		0
ENBREL 25 MG KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 25 MG KIT	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
ENBREL 25 MG KIT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 25 MG/0.5 ML SYRINGE	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	2		0		0
ENBREL 25 MG/0.5 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 25 MG/0.5 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
ENBREL 25 MG/0.5 ML SYRINGE	RHEUMATOID POLYNEUROP W RHEUMATOID ARTHRITIS OF UNSP SITE	Physician	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE		Internal Medicine	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML MINI CARTRIDGE		Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML MINI CARTRIDGE	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	Rheumatology	Approved	2		0		0

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ENBREL 50 MG/ML MINI CARTRIDGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	4		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	INFLAMMATORY POLYARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML MINI CARTRIDGE	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	OTHER PSORIATIC ARTHROPATHY	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	POLYOSTEOARTHRTIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Nurse Practitioner	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	17		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEU ARTHRITIS W RHEU FACTOR OF L WRIST W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEU ARTHRITIS W RHEU FACTOR OF R WRIST W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEU ARTHRITIS W RHEU FACTOR OF R WRIST W/O ORG/SYS INVOLV	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Nurse Practitioner	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Physician	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	2		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician	Approved	2		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	7		0		0
ENBREL 50 MG/ML SURECLICK		Physician Assistant	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK		Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	ANKYLOSING SPONDYLITIS OF CERVICAL REGION	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	3		0		0
ENBREL 50 MG/ML SURECLICK	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	12		0		0
ENBREL 50 MG/ML SURECLICK	ILLNESS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR OF RIGHT HAND	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	OTHER PSORIASIS	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	OTHER SPECIFIED SPONDYLOPATHIES, SITE UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK	PSORIASIS VULGARIS	Physician	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Allergy/Immunology	Approved	1		0		0

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ENBREL 50 MG/ML SURECLICK	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	10		0		0
ENBREL 50 MG/ML SURECLICK	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	RHEU ARTHRITIS W RHEU FACTOR OF UNSP SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Family Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT WRIST	Rheumatology	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	10		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID POLYNEUROP W RHEUMATOID ARTHRITIS OF RIGHT HAND	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML SURECLICK SYR		Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	3		0		0
ENBREL 50 MG/ML SURECLICK SYR	ARTHROPATHIC PSORIASIS	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
ENBREL 50 MG/ML SURECLICK SYR	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
ENBREL 50 MG/ML SURECLICK SYR	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED SITE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR OF RIGHT HAND	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	OTHER PSORIASIS	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	OTHER PSORIASIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML SURECLICK SYR	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS VULGARIS	Dermatology	Approved	3		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS VULGARIS	Physician	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIATIC SPONDYLITIS	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	12		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEU ARTHRITIS W RHEU FACTOR OF L WRIST W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0

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ENBREL 50 MG/ML SURECLICK SYR	RHEU ARTHRITIS W RHEU FACTOR OF UNSP SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	4		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Family Nurse Practitioner	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	8		0		0
ENBREL 50 MG/ML SURECLICK SYR	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	UNSP JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE	Nurse Practitioner	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE		Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Pediatric Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	4		0		0
ENBREL 50 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	PSORIATIC SPONDYLITIS	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	3		0		0
ENBREL 50 MG/ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
ENBREL 50 MG/ML SYRINGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Physician	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	5		0		0
ENBREL 50 MG/ML SYRINGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
ENCLOSED PED CRIB HOSP GRADE	AUTISTIC DISORDER	Ancillary	Approved	1		0		0
ENCLOSED WALKER W REAR SEAT	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
ENDO BELOW KNEE ALIGNABLE SY	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
ENDO BK ULTRA-LIGHT MATERIAL	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
ENDO CHOLANGIOPANCREATOGRAPH	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Facility	Approved	1		0		0
ENDO CHOLANGIOPANCREATOGRAPH; ENDO CHOLANGIOPANCREATOGRAPH; ENDOSCOPIC CANNULATION OF PATILLA W/DI	E66.9 - Obesity, unspecified; K83.9 - Disease of biliary tract, unspecified; M85.80 - Other specified disorders of bone density and structure, unspecified site; R10.11 - Right upper quadrant pain; R19.7 - Diarrhea, unspecified	Gastroenterology	Approved	1		0		0

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ENDO CHOLANGIOPANCREATOGRAPH; ENDO CHOLANGIOPANCREATOGRAPH; ENDOSCOPIC CANNULATION OF PATILLA W/DI	R93.3 - Abnormal findings on diagnostic imaging of other parts of digestive tract	Internal Medicine- Gastroenterology	Approved	1		0		0
ENDO KNEE-SHIN FLUID SWG/STA	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
ENDOCET 10-325 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician	Approved	1		0		0
ENDOCRINE SURGERY PROCEDURE	PRIMARY HYPERPARATHYROIDISM	Facility	Denied	2	Services are not medically necessary	2		0
ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Family Medicine	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
ENDOMETRIN 100 MG SUPPOSITORY	INCOMPETENCE OF CERVIX UTERI	Obstetrics/Gynecology	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	MATERNAL CARE FOR CERVICAL INCOMPETENCE, SECOND TRIMESTER	Obstetrics/Gynecology	Approved	2		0		0
ENDOMETRIN 100 MG SUPPOSITORY	PREG CARE FOR PATIENT W RECURRENT PREG LOSS, FIRST TRIMESTER	Reproductive Endocrinology/Infertility	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	PREGNANT STATE, INCIDENTAL	Obstetrics/Gynecology	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	RECURRENT PREGNANCY LOSS	Obstetrics/Gynecology	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	SUPRVSN OF PREG W HISTORY OF INFERTILITY, UNSP TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	THREATENED ABORTION	Obstetrics/Gynecology	Approved	1		0		0
ENDOSCOPIC VEIN HARVEST	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Facility	Approved	1		0		0
ENDOSCOPIC VEIN HARVEST	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	5		0		0
ENDOSCOPIC VEIN HARVEST	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Surgery, Thoracic	Approved	1		0		0
ENDOSCOPIC VEIN HARVEST	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	1		0		0
ENDOSCOPY MAXILLARY SINUS	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
ENDOSCOPY MAXILLARY SINUS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
ENDOSCOPY MAXILLARY SINUS	CHRONIC PANSINUSITIS	Ancillary	Approved	3		0		0
ENDOSCOPY MAXILLARY SINUS	CHRONIC PANSINUSITIS	Facility	Approved	2		0		0
ENDOSCOPY MAXILLARY SINUS	NASAL POLYP, UNSPECIFIED	Facility	Approved	1		0		0
ENDOSCOPY MAXILLARY SINUS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
ENDOSCOPY MAXILLARY SINUS	OTHER CHRONIC SINUSITIS	Ancillary	Approved	1		0		0
ENDOVEN THER CHEM ADHES 1ST	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Thoracic	Denied	1	Services are not medically necessary	1		0
ENDOVEN THER CHEM ADHES 1ST	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Vascular	Denied	2	Services are not medically necessary	2		0
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Surgery, Thoracic	Denied	2	Services are not medically necessary	2		0
ENDOVEN THER CHEM ADHES 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF BILATERAL LOWER EXTREMITY	Family Medicine		0		0	Denied	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Neurology		0		0	Approved	1

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ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	Venous insufficiency (chronic) (peripheral)	Physician		0		0	Denied	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	Surgery, Orthopedic		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	Surgery, Orthopedic		0		0	Denied	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Varicose veins of bilateral lower extremities with other complications	Dermatology		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	Psychiatry		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Varicose veins of bilateral lower extremities with pain	Ancillary		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Varicose veins of left lower extremity with other complications	Dermatology		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Psychiatry		0		0	Denied	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Varicose veins of right lower extremity with other complications	Dermatology		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	Physician		0		0	Approved	2
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Pain Management		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Physician		0		0	Approved	1
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Pulmonary Disease		0		0	Approved	1

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ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION T	Varicose veins of bilateral lower extremities with pain	Dermatology		0		0	Denied	1
ENDOVENOUS LASER 1ST VEIN	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	Surgery, General	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	Surgery, Thoracic	Approved	4		0		0
ENDOVENOUS LASER 1ST VEIN	ASYMPTOMATIC VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	CELLULITIS OF FACE	Surgery, General	Approved	6		0		0
ENDOVENOUS LASER 1ST VEIN	CHRONIC FRONTAL SINUSITIS	Surgery, Thoracic	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	CHRONIC MAXILLARY SINUSITIS	Radiology, Diagnostic	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	Radiology, Diagnostic	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Internal Medicine	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	EDEMA, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	ERYTHEMA INTERTRIGO	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	LOW BACK PAIN	Facility	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Surgery, General	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	PAIN IN RIGHT LEG	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	3		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Approved	4		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	7		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	13		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Denied	2	Services are not medically necessary	2		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	4		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiovascular Disease	Approved	4		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology, Diagnostic	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, General	Approved	4		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Vascular & Interventional Radiology	Approved	2		0		0

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ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	3		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	23		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Vascular & Interventional Radiology	Approved	3		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W ULCER OF UNSP SITE	Surgery, General	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Dermatology	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Radiology, Diagnostic	Denied	2	Services are not medically necessary	2		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	13		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Facility	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Radiology, Diagnostic	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiac Electrophysiology	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	7		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	3		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	3		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Approved	5		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	19		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Thoracic	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	11		0		0
ENDOVENOUS LASER VEIN ADDON	CELLULITIS OF FACE	Surgery, General	Approved	4		0		0
ENDOVENOUS LASER VEIN ADDON	LOW BACK PAIN	Facility	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	3		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	18		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W ULCER OF UNSP SITE	Surgery, General	Approved	2		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	7		0		0

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ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiac Electrophysiology	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	2		0		0
ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS MCHNCHEM 1ST VEIN	CHRONIC VENOUS HYPERTENSION W/O COMP OF R LOW EXTREM	Facility	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS MCHNCHEM 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Denied	2	Services are not medically necessary	2		0
ENDOVENOUS MCHNCHEM ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Denied	2	Services are not medically necessary	2		0
ENDOVENOUS RF 1ST VEIN	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Internal Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF R LOW EXTREM	Radiology, Diagnostic	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	BALANITIS	Surgery, Vascular	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Radiology	Approved	4		0		0
ENDOVENOUS RF 1ST VEIN	CELLULITIS OF RIGHT LOWER LIMB	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	CERVICALGIA	Surgery, General	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Radiology, Diagnostic	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC MAXILLARY SINUSITIS	Radiology, Diagnostic	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	Cardiovascular Disease	Approved	8		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	Surgery, Vascular	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Internal Medicine	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Radiology, Diagnostic	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Surgery, Vascular	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF R LOW EXTREM	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	CRAMP AND SPASM	Family Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	CUTANEOUS ABSCESS OF RIGHT LOWER LIMB	Family Medicine	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	DIZZINESS AND GIDDINESS	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	EDEMA, UNSPECIFIED	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Dermatology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Surgery, General	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	FLACCID HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	GENERALIZED EDEMA	VASCULAR SURGERY	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	LOCALIZED EDEMA	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	LOCALIZED EDEMA	Family Medicine	Approved	2		0		0

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ENDOVENOUS RF 1ST VEIN	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	Surgery, Vascular	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	LOW BACK PAIN	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	MALIGNANT CARCINOID TUMOR OF THE JEJUNUM	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Cardiology, Interventional	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	ORTHOSTATIC HYPOTENSION	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	OTHER ABNORMAL GLUCOSE	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	OTHER SPECIFIED SOFT TISSUE DISORDERS	Family Medicine	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	OTHER SPECIFIED SOFT TISSUE DISORDERS	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN LEFT HIP	Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN LEFT LEG	VASCULAR SURGERY	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN LEFT LOWER LEG	Ancillary	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN LEFT LOWER LEG	Surgery, Plastic	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN LEG, UNSPECIFIED	Surgery, General	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LEG	Family Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LEG	VASCULAR SURGERY	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LOWER LEG	Ancillary	Approved	4		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LOWER LEG	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LOWER LEG	Family Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LOWER LEG	Surgery, Plastic	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	SPONDYLOLISTHESIS, LUMBAR REGION	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Vascular	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOS VN OF R LOW EXTREM W ULC OF ANKLE AND INFLAMMATION	Radiology, Diagnostic	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Approved	39		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Nephrology	Approved	7		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology	Approved	16		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	28		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	22		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	11		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	15		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Denied	2	Services are not medically necessary	2		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Ancillary	Approved	2		0		0

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ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Anesthesia, Certified RN	Approved	7		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Approved	6		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiovascular Disease	Approved	13		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Dermatology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	15		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	General Practice	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	39		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, General	Approved	4		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Approved	21		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Vascular & Interventional Radiology	Approved	4		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	4		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Family Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Facility	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Dermatology	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Facility	Approved	4		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	3		0		0

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ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Cardiovascular	Approved	15		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	9		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Cardiology, Interventional	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Cardiovascular Disease	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Family Medicine	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Nephrology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Radiology	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	25		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	7		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	12		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH ULCER OF ANKLE	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Family Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Ancillary	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Family Medicine	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Surgery, Thoracic	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Ancillary	Approved	4		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Ancillary	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	48		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Denied	4	Services are not medically necessary	4		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Emergency Medicine	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	44		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Denied	5	Services are not medically necessary	5		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Internal Medicine	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Nephrology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Pain Management	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology	Approved	10		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Approved	22		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Cardiovascular	Approved	5		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Cardiovascular	Denied	2	Services are not medically necessary	2		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	26		0		0

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ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Thoracic	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	49		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Approved	34		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR SURGERY	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	CELLULITIS OF RIGHT LOWER LIMB	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	DIZZINESS AND GIDDINESS	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Vascular & Interventional Radiology	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	OTHER SPECIFIED SOFT TISSUE DISORDERS	Family Medicine	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology	Approved	5		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	3		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	3		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	4		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	11		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Cardiovascular	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Family Medicine	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Cardiovascular	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Approved	2		0		0
ENLARGE BREAST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	1		0		0
ENLARGE BREAST WITH IMPLANT	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
ENLARGE BREAST WITH IMPLANT	CONGENITAL MALFORMATION OF BREAST, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
ENLARGE BREAST WITH IMPLANT	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Facility	Approved	1		0		0
ENLARGE BREAST WITH IMPLANT	HYPOPLASIA OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
ENLARGEMNT OF EYE PROSTHESIS	OTHER DISORDERS OF GLOBE	Ancillary	Approved	1		0		0
ENOXAPARIN 100 MG/ML SYRINGE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Family Medicine	Approved	1		0		0

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ENOXAPARIN 100 MG/ML SYRINGE	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF L LOW EXTREM	Family Medicine	Approved	1		0		0
ENOXAPARIN 100 MG/ML SYRINGE	CEREBRAL INFARCTION, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ENOXAPARIN 100 MG/ML SYRINGE	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	Family Medicine	Approved	1		0		0
ENOXAPARIN 120 MG/0.8 ML SYR	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Family Medicine	Approved	1		0		0
ENOXAPARIN 120 MG/0.8 ML SYR	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Internal Medicine	Approved	1		0		0
ENOXAPARIN 120 MG/0.8 ML SYR	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Hematology	Approved	1		0		0
ENOXAPARIN 150 MG/ML SYRINGE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Family Medicine	Approved	1		0		0
ENOXAPARIN 150 MG/ML SYRINGE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Hematology	Approved	1		0		0
ENOXAPARIN 150 MG/ML SYRINGE	UNSPECIFIED ATRIAL FIBRILLATION	Cardiology, Interventional	Approved	1		0		0
ENOXAPARIN 30 MG/0.3 ML SYR	UNSP FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	Internal Medicine	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF R LOW EXTREM	Hematology	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Internal Medicine	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	DISPL SUPRCNDL FX W/O INTRCNDL EXTN LOW END L FEMR, 7THD	Surgery, Orthopedic	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT	Surgery, Orthopedic	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Surgery, Orthopedic	Approved	2		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Surgery, General	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Surgery, Plastic	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	ENCOUNTER FOR OTHER PROPHYLACTIC SURGERY	Surgery, General	Approved	3		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	ESSENTIAL (PRIMARY) HYPERTENSION	Surgery, General	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	LUNG TRANSPLANT STATUS	Internal Medicine	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	LUPUS ANTICOAGULANT SYNDROME	Obstetrics/Gynecology	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, General	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, General	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	OTHER INSTABILITY, LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	OTHER SPECIFIED POSTPROCEDURAL STATES	Surgery, Orthopedic	Approved	2		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	PLACENTA ACCRETA, UNSPECIFIED TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF KNEE	Surgery, Orthopedic	Approved	1		0		0
ENOXAPARIN 40 MG/0.4 ML SYR	UNSP FRACTURE OF SHAFT OF RIGHT FIBULA, INIT FOR CLOS FX	Internal Medicine	Approved	1		0		0
ENOXAPARIN 60 MG/0.6 ML SYR	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS	Obstetrics/Gynecology	Approved	1		0		0
ENOXAPARIN 60 MG/0.6 ML SYR	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	Internal Medicine	Approved	1		0		0
ENOXAPARIN 60 MG/0.6 ML SYR	PERSONAL HISTORY OF PULMONARY EMBOLISM	Obstetrics/Gynecology	Approved	1		0		0
ENOXAPARIN 60 MG/0.6 ML SYR	PRESENCE OF PROSTHETIC HEART VALVE	Gastroenterology	Approved	1		0		0
ENOXAPARIN 60 MG/0.6 ML SYR	UNSPECIFIED ATRIAL FIBRILLATION	Cardiovascular Disease	Approved	1		0		0
ENOXAPARIN 80 MG/0.8 ML SYR	AC EMBLSM AND THOMBOS UNSP DEEP VEINS OF LEFT PROX LOW EXTRM	Oncology	Approved	1		0		0
ENOXAPARIN 80 MG/0.8 ML SYR	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Internal Medicine	Approved	1		0		0

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ENOXAPARIN 80 MG/0.8 ML SYR	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT FEMORAL VEIN	Family Medicine	Approved	1		0		0
ENOXAPARIN 80 MG/0.8 ML SYR	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	Hematology	Approved	1		0		0
ENSTILAR 0.005%-0.064% FOAM	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
ENSTILAR 0.005%-0.064% FOAM	PSORIASIS VULGARIS	Dermatology	Denied	6	Services are not medically necessary	6		0
ENSTILAR 0.005%-0.064% FOAM	PSORIASIS VULGARIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ENSTILAR 0.005%-0.064% FOAM	PSORIASIS VULGARIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
ENSTILAR 0.005%-0.064% FOAM	PSORIASIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
ENT PROCEDURE/SERVICE	DIZZINESS AND GIDDINESS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
ENT PROCEDURE/SERVICE	HEADACHE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
ENTECAVIR 0.5 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Gastroenterology	Approved	7		0		0
ENTECAVIR 0.5 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Pulmonary Disease	Approved	1		0		0
ENTECAVIR 0.5 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
ENTECAVIR 0.5 MG TABLET	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA	Gastroenterology	Approved	1		0		0
ENTER FEED SUPKIT SYR BY DAY	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	1		0		0
ENTER FEED SUPKIT SYR BY DAY	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	3		0		0
ENTER FEED SUPKIT SYR BY DAY	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	1		0		0
ENTER FEED SUPKIT SYR BY DAY	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	2		0		0
ENTER FEED SUPKIT SYR BY DAY	GASTROSTOMY STATUS	Ancillary	Approved	3		0		0
ENTER FEED SUPKIT SYR BY DAY	MALIGNANT NEOPLASM OF BRAIN STEM	Ancillary	Approved	1		0		0
ENTER FEED SUPKIT SYR BY DAY	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	2		0		0
ENTER FEED SUPKIT SYR BY DAY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
ENTER FEED SUPKIT SYR BY DAY	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Ancillary	Approved	2		0		0
ENTER FEED SUPKIT SYR BY DAY	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	2		0		0
ENTER FEED SUPKIT SYR BY DAY	UNSPECIFIED DISORDER OF CONJUNCTIVA	Ancillary	Approved	1		0		0
ENTER NUTR INF PUMP ANY TYPE	PLAGIOCEPHALY	Ancillary	Approved	1		0		0
ENTERAGAM POWDER PACKET	FULL INCONTINENCE OF FECES	Surgery, Colon And Rectal	Denied	1	Services are not medically necessary	1		0
ENTERAL FEED SUP KIT GRAV BY	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
ENTERAL FEED SUP KIT GRAV BY	MALIGNANT NEOPLASM OF CHEEK MUCOSA	Ancillary	Approved	1		0		0
ENTERAL FEED SUPP PUMP PER D	CONGENITAL HYPOTONIA	Ancillary	Approved	1		0		0
ENTERAL FEED SUPP PUMP PER D	CROHN'S DISEASE OF SMALL INTESTINE W INTESTINAL OBSTRUCTION	Ancillary	Approved	3		0		0
ENTERAL FEED SUPP PUMP PER D	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
ENTERAL FEED SUPP PUMP PER D	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
ENTERAL FEED SUPP PUMP PER D	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Ancillary	Approved	1		0		0
ENTERAL FEED SUPP PUMP PER D	PLAGIOCEPHALY	Ancillary	Approved	1		0		0
ENTERAL FEED SUPP PUMP PER D	PULMONARY VALVE ATRESIA	Ancillary	Approved	2		0		0
ENTERAL SUPP NOT OTHERWISE C	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
ENTERAL SUPP NOT OTHERWISE C	FUNCTIONAL INTESTINAL DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Dermatology		0		0	Denied	1

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ENTYVIO	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	Emergency Medicine		0		0	Approved	1
ENTYVIO	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
ENTYVIO 300 MG VIAL	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Gastroenterology	Approved	1		0		0
ENTYVIO 300 MG VIAL	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
ENTYVIO 300 MG VIAL	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
ENTYVIO 300 MG VIAL	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
ENVARUS XR 1 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
ENVARUS XR 4 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
EO ADJ JT PREFAB CUSTOM FIT	STRAIN OF MUSC/FASC/TEND TRICEPS, LEFT ARM, INIT	Ancillary	Approved	1		0		0
EO ADJ JT PREFAB CUSTOM FIT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	ATYPICAL ATRIAL FLUTTER	Ancillary	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	ATYPICAL ATRIAL FLUTTER	Facility	Approved	3		0		0
EP & ABLATE SUPRAVENT ARRHYT	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
EP & ABLATE SUPRAVENT ARRHYT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	PALPITATIONS	Facility	Approved	3		0		0
EP & ABLATE SUPRAVENT ARRHYT	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	4		0		0
EP & ABLATE SUPRAVENT ARRHYT	PRE-EXCITATION SYNDROME	Facility	Approved	4		0		0
EP & ABLATE SUPRAVENT ARRHYT	SUICIDAL IDEATIONS	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	39		0		0
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	Other	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	TYPICAL ATRIAL FLUTTER	Ancillary	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	TYPICAL ATRIAL FLUTTER	Facility	Approved	4		0		0
EP & ABLATE SUPRAVENT ARRHYT	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	3		0		0
EP & ABLATE SUPRAVENT ARRHYT	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
EP & ABLATE VENTRIC TACHY	PALPITATIONS	Facility	Approved	1		0		0
EP & ABLATE VENTRIC TACHY	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	1		0		0
EP & ABLATE VENTRIC TACHY	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
EP & ABLATE VENTRIC TACHY	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	12		0		0
EP & ABLATE VENTRIC TACHY	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
EP & ABLATE VENTRIC TACHY	VENTRICULAR TACHYCARDIA	Family Medicine	Approved	1		0		0
EPCLUSA	Chronic viral hepatitis C	Psychiatry		0		0	Denied	1
EPCLUSA	CHRONIC VIRAL HEPATITIS C	Surgery, Orthopedic		0		0	Approved	1
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	2		0		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	10	Services are not medically necessary	10		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Hepatology	Denied	1	Services are not medically necessary	1		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Nurse Practitioner	Approved	1		0		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Physician	Denied	2	Services are not medically necessary	2		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Physician Assistant	Approved	1		0		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Physician Assistant	Denied	1	Services are not medically necessary	1		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Surgery, General	Approved	1		0		0
EPICERAM SKIN BARRIER EMULSION	DERMATITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
EPICERAM SKIN BARRIER EMULSION	INFANTILE (ACUTE) (CHRONIC) ECZEMA	Dermatology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Emergency Medicine		0		0	Denied	1

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EPIDIOLEX	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pain Management		0		0	Denied	1
EPIDIOLEX	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Vascular & Interventional Radiology		0		0	Denied	1
EPIDIOLEX	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS	Physician		0		0	Denied	1
Epidiolex	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W STAT EPI	Pulmonary Disease		0		0	Approved	1
EPIDIOLEX	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ophthalmology		0		0	Denied	1
EPIDIOLEX 100 MG/ML SOLUTION	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Denied	2	Services are not medically necessary	2		0
EPIDIOLEX 100 MG/ML SOLUTION	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Nurse Practitioner	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Psychiatry	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Pediatrics	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W STATUS EPILEPTICUS	Pain Management	Denied	2	Services are not medically necessary	2		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W STAT EPI	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W STAT EPI	Psychiatry	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	2		0		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Denied	2	Services are not medically necessary	2		0
EPIDIOLEX 100 MG/ML SOLUTION	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST,NOT NTRCT,W/O STAT EPI	Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
EPIDIOLEX 100 MG/ML SOLUTION	OTH GENERALIZED EPILEPSY, INTRACTABLE, W/O STAT EPI	Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	OTH GENERALIZED EPILEPSY, INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Denied	2	Services are not medically necessary	2		0

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EPIDIOLEX 100 MG/ML SOLUTION	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	3		0		0
EPIDIOLEX 100 MG/ML SOLUTION	OTHER EPILEPSY, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
EPIDRM A-GRFT FACE/NCK/HF/G	TRANSEXUALISM	Facility	Denied	1	Services are not medically necessary	1		0
EPIDUO 0.1-2.5% GEL PUMP	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
EPIDUO 0.1-2.5% GEL PUMP	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE	Acne vulgaris	Behavioral Nurse		0		0	Denied	1
EPIDUO FORTE 0.3-2.5% GEL PUMP		Dermatology	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP		Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Dermatology	Approved	4		0		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Dermatology	Denied	36	Services are not medically necessary	36		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Physician	Denied	2	Services are not medically necessary	2		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	OTHER ACNE	Dermatology	Denied	2	Services are not medically necessary	2		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	OTHER ACNE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
EPIFIX 1 SQ CM	CHRONIC VENOUS HTN W ULCER AND INFLAMMATION OF L LOW EXTREM	Facility	Approved	1		0		0
EPIFIX 1 SQ CM	NON-PRS CHRONIC ULC UNSP PRT OF UNSP LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
EPIFIX 1 SQ CM	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
EPIFIX 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Podiatry	Approved	2		0		0
EPIFIX 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
EPIFIX 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Denied	1	Services are not medically necessary	1		0
EPIFIX 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Podiatry	Approved	4		0		0
EPIFIX, PER SQUARE CENTIMETER	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Cardiovascular Disease		0		0	Approved	1
EPIFIX, PER SQUARE CENTIMETER	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Pain Management		0		0	Denied	1
EPINEPHRINE 0.3 MG AUTO-INJECT	ALLERGIC RHINITIS DUE TO POLLEN	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
EPINEPHRINE 0.3 MG AUTO-INJECT	ALLERGY TO OTHER FOODS	Pediatrics	Approved	1		0		0
EPINEPHRINE 0.3 MG AUTO-INJECT	ALLERGY TO PEANUTS	Allergy/Immunology	Approved	1		0		0
EPINEPHRINE 0.3 MG AUTO-INJECT	ALLERGY TO SEAFOOD	Pediatrics	Approved	1		0		0
EPINEPHRINE 0.3 MG AUTO-INJECT	ANAPHYLACTIC REACTION DUE TO OTHER FISH, INITIAL ENCOUNTER	Allergy/Immunology	Approved	1		0		0
EPINEPHRINE 0.3 MG AUTO-INJECT	ANAPHYLACTIC REACTION DUE TO TREE NUTS AND SEEDS, SUBS	Physician	Approved	1		0		0
EPINEPHRINE 0.3 MG AUTO-INJECT	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Pediatrics	Approved	1		0		0
EPINEPHRINE 0.3 MG AUTO-INJECT	OTHER INSECT ALLERGY STATUS	Pediatrics	Approved	1		0		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT		Physician	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGIC RHINITIS DUE TO FOOD	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGY STATUS TO UNSP DRUG/MEDS/BIOL SUBST STATUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGY TO OTHER FOODS	Family Medicine	Denied	2	Services are not medically necessary	2		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGY TO OTHER FOODS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGY TO OTHER FOODS	Pediatrics	Denied	1	Services are not medically necessary	1		0

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EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGY TO PEANUTS	Pediatrics	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	OTHER ALLERGIC RHINITIS	Physician	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	PERSONAL HISTORY OF ANAPHYLAXIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	UNSPECIFIED CONTACT DERMATITIS, UNSPECIFIED CAUSE	Family Medicine	Approved	1		0		0
EPIPEN JR 0.15 MG AUTO-INJCT	ILLNESS, UNSPECIFIED	Allergy	Denied	1	Services are not medically necessary	1		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Allergy/Immunology	Approved	1		0		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ALLERGY TO OTHER FOODS	Pediatrics	Denied	1	Services are not medically necessary	1		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ALLERGY TO PEANUTS	Pediatrics	Approved	1		0		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ALLERGY TO PEANUTS	Pediatrics	Denied	1	Services are not medically necessary	1		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD, SUBS ENCNT	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	TOXIC EFFECT OF VENOM OF ANTS, ACCIDENTAL, SUBS	Allergy/Immunology	Approved	1		0		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	TOXIC EFFECT OF VENOM OF ANTS, ACCIDENTAL, SUBS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
EPOETIN ALFA, 100 UNITS ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
EPOETIN ALFA, 100 UNITS ESRD	END STAGE RENAL DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
EPOETIN ALFA, 100 UNITS ESRD	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Facility	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Family Medicine	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Hematology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	9		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Oncology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
EPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Hematology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 5	Radiology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	DRUG-INDUCED APLASTIC ANEMIA	Oncology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Hematology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	OSTEOGENESIS IMPERFECTA	Ancillary	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	REFRACTORY ANEMIA, UNSPECIFIED	Hematology	Approved	2		0		0
EPOETIN BETA ESRD USE	ACUTE PULMONARY EDEMA	Ancillary	Approved	1		0		0
EPOETIN BETA ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	2		0		0
EPOETIN BETA ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
EPOETIN BETA ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	2		0		0
EPOETIN BETA ESRD USE	CRITICAL ILLNESS MYOPATHY	Ancillary	Approved	1		0		0
EPOETIN BETA ESRD USE	END STAGE RENAL DISEASE	Ancillary	Approved	3		0		0
EPOETIN BETA ESRD USE	END STAGE RENAL DISEASE	Ancillary	Denied	3	Services are not medically necessary	3		0
EPOETIN BETA ESRD USE	END STAGE RENAL DISEASE	Nephrology	Approved	2		0		0
EPOETIN BETA ESRD USE	END STAGE RENAL DISEASE	Nephrology	Denied	1	Services are not medically necessary	1		0
EPOETIN BETA NON ESRD	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
EPOGEN 10,000 UNITS/ML VIAL	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	1		0		0
EPOGEN 10,000 UNITS/ML VIAL	ANEMIA, UNSPECIFIED	Nephrology	Denied	1	Services are not medically necessary	1		0
EPOPROSTENOL INJECTION	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
EPZICOM TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
ERCP REMOVE DUCT CALCULI	CHOLECYSTITIS, UNSPECIFIED	Facility	Approved	1		0		0
ERCP REMOVE DUCT CALCULI	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Facility	Approved	1		0		0
ERCP REMOVE FORGN BODY DUCT	ENCOUNTER FOR FITTING AND ADJUSTMENT OF OTH DEVICES	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Facility	Approved	1		0		0

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ERCP W/SPECIMEN COLLECTION	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	CHRONIC CHOLECYSTITIS	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	DISEASE OF BILIARY TRACT, UNSPECIFIED	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	HEADACHE	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	LIVER TRANSPLANT FAILURE	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	OTHER CHOLANGITIS	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	OTHER SPECIFIED DISEASES OF PANCREAS	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	RIGHT UPPER QUADRANT PAIN	Facility	Approved	1		0		0
ERCP W/SPECIMEN COLLECTION	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Facility	Approved	1		0		0
ERIBULIN MESYLATE INJECTION	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
ERIBULIN MESYLATE INJECTION	ACUTE RESPIRATORY DISTRESS	Family Medicine	Approved	1		0		0
ERIBULIN MESYLATE INJECTION	DEHYDRATION	Family Medicine	Approved	1		0		0
ERIVEDGE 150 MG CAPSULE	OTH CONGENITAL MALFORMATION SYNDROMES, NEC	Dermatology	Approved	2		0		0
ERLEADA 60 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0
ERTACZO 2% CREAM	PLANTAR WART	Podiatry	Denied	1	Services are not medically necessary	1		0
ERTAPENEM INJECTION	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W/O BLEEDING	Ancillary	Approved	1		0		0
ERTAPENEM INJECTION	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Ancillary	Approved	2		0		0
ERTAPENEM INJECTION	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Family Medicine	Approved	1		0		0
ERTAPENEM INJECTION	PNEUMONIA DUE TO PSEUDOMONAS	Ancillary	Approved	1		0		0
ESBRIET 267 MG CAPSULE	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Approved	1		0		0
ESBRIET 267 MG CAPSULE	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ESBRIET 267 MG TABLET	IDIOPATHIC PULMONARY FIBROSIS	Critical Care Medicine	Approved	1		0		0
ESBRIET 267 MG TABLET	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Approved	1		0		0
ESBRIET 801 MG TABLET	IDIOPATHIC PULMONARY FIBROSIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ESBRIET 801 MG TABLET	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Approved	1		0		0
ESBRIET 801 MG TABLET	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
ESCITALOPRAM 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
ESCITALOPRAM 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
ESCITALOPRAM 10 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
ESCITALOPRAM 10 MG TABLET	OBSESSIVE-COMPULSIVE DISORDER	Psychiatry	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Psychiatry	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
ESCITALOPRAM 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	DISRUPTIVE MOOD DYSREGULATION DISORDER	Psychiatry	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Approved	1		0		0

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ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	2		0		0
ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Neurology	Approved	2		0		0
ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Nurse Practitioner	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	9		0		0
ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Physician	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSP	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry, Child & Adolescent	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	2		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	2		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	8		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Internal Medicine	Approved	2		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	3		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Physician	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	7		0		0
ESCITALOPRAM 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Obstetrics/Gynecology	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	Psychiatry	Approved	1		0		0
ESOMEPRAZOLE MAG DR 20 MG CAP		Gastroenterology	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 20 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
ESOMEPRAZOLE MAG DR 40 MG CAP	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	CHRONIC SINUSITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	CHRONIC SUPERFICIAL GASTRITIS WITHOUT BLEEDING	Family Medicine	Denied	1	Services are not medically necessary	1		0

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ESOMEPRAZOLE MAG DR 40 MG CAP	DUODENAL ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	Family Medicine	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	DYSPHAGIA, UNSPECIFIED	Pediatric						
ESOMEPRAZOLE MAG DR 40 MG CAP	ESOPHAGEAL OBSTRUCTION	Gastroenterology	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	ESOPHAGEAL OBSTRUCTION	Gastroenterology	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	2		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	10	Services are not medically necessary	10		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	General Practice	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	4		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Surgery, General	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	UNSPECIFIED ABDOMINAL PAIN	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ESOPH EGD DILATION <30 MM	ESOPHAGEAL OBSTRUCTION	Ancillary	Approved	1		0		0
ESOPH EGD DILATION <30 MM	ESOPHAGEAL OBSTRUCTION	Facility	Approved	1		0		0
ESOPH EGD DILATION <30 MM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
ESOPH EGD DILATION <30 MM	OTHER CHEST PAIN	Facility	Approved	1		0		0
ESOPH IMPED FUNCT TEST > 1HR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
ESOPH IMPED FUNCTION TEST	ACIDOSIS	Facility	Approved	1		0		0
ESOPH IMPED FUNCTION TEST	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Facility	Approved	1		0		0
ESOPH IMPED FUNCTION TEST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	2		0		0
ESOPH IMPED FUNCTION TEST; ESOPH IMPED FUNCT TEST > 1H; ESOPHAGUS MOTILITY STUDY; ESOPHAGUS MOTILI	K21.0 - GERD with esophagitis; K22.70 - Barrett's esophagus without dysplasia	Gastroenterology	Approved	1		0		0
ESOPH OPTICAL ENDOMICROSCOPY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
Esophageal Cancer	Malignant neoplasm of overlapping sites of esophagus	RADIATION ONCOLOGY	Approved	1		0		0
ESOPHAGEAL CAPSULE ENDOSCOPY	CARCINOID SYNDROME	Facility	Denied	1	Services are not medically necessary	1		0
ESOPHAGEAL CAPSULE ENDOSCOPY	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
ESOPHAGEAL CAPSULE ENDOSCOPY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGASTRIC FUNDOPLASTY, PARTIAL OR COMPLE	K21.9 - Gastro-esophageal reflux disease without esophagitis	Hepatology	Approved	1		0		0

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ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES DUODENOSCOPY WHEN PERFORMED	Gastro-esophageal reflux disease with esophagitis	Allergy/Immunology		0		0	Denied	2
ESOPHAGOSCOPY FLEXIBLE BRUSH	DIVERTICULUM OF ESOPHAGUS, ACQUIRED	Facility	Denied	1	Services are not medically necessary	1		0
ESOPHAGUS MOTILITY STUDY	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	COUGH	Facility	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	2		0		0
ESOPHAGUS MOTILITY STUDY	DYSPHAGIA, UNSPECIFIED	Facility	Approved	2		0		0
ESOPHAGUS MOTILITY STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	7		0		0
ESOPHAGUS MOTILITY STUDY	K21.9 - GERD (gastroesophageal reflux disease)	Internal Medicine-Gastroenterology	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	OTHER ENTHESOPATHY OF LEFT FOOT AND ANKLE	Facility	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	R13.10 - Dysphagia, unspecified	Gastroenterology	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	2		0		0
ESOPHAGUS MOTILITY STUDY; ESOPH IMPED FUNCT TEST > 1H	R05 - Chronic cough	Ent-Otolaryngology	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY; ESOPH IMPED FUNCT TEST > 1H	Z98.890 - S/P partial thyroidectomy	Ent-Otolaryngology	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY; ESOPHAGUS, ACID REFLUX TEST	K21.9 - Gastro-esophageal reflux disease without esophagitis	Gastroenterology	Approved	1		0		0
ESOPHAGUS MOTILITY STUDY; ESOPHAGUS, ACID REFLUX TEST	K21.9 - GERD (gastroesophageal reflux disease); R05 - Cough	Gastroenterology	Approved	1		0		0
ESOPHAGUS SURGERY PROCEDURE	ACHALASIA OF CARDIA	Facility	Denied	1	Services are not medically necessary	1		0
ESOPHGL MOTIL W/STIM/PERFUS	ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
ESRD SRV 4 VISITS P MO 20+	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
ESTABLISH ACCESS TO ARTERY; PLACE CATHETER IN AORTA; PLACE CATHETER IN ARTERY; PLACE CATHETER IN A	I70.25 - Atherosclerosis of native arteries of other extremities with ulceration	Cardiology	Approved	1		0		0
ESTABLISH BRAIN CAVITY SHUNT	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	Facility	Approved	1		0		0
ESTABLISH BRAIN CAVITY SHUNT	BENIGN INTRACRANIAL HYPERTENSION	Other	Approved	1		0		0
ESTABLISH BRAIN CAVITY SHUNT	COMMUNICATING HYDROCEPHALUS	Facility	Approved	1		0		0
ESTABLISH BRAIN CAVITY SHUNT	HYDROCEPHALUS, UNSPECIFIED	Facility	Approved	1		0		0
ESTRADIOL 0.1 MG PATCH	FEMALE INFERTILITY OF OTHER ORIGIN	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ESTRADIOL 0.1 MG PATCH	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ESTRADIOL 0.1 MG PATCH	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ESTRADIOL 0.1 MG PATCH	POLYCYSTIC OVARIAN SYNDROME	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
ESTRADIOL 0.1 MG PATCH	PREGNANT STATE, INCIDENTAL	Obstetrics/Gynecology	Approved	2		0		0
ESTRADIOL TDS 0.1 MG/DAY	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
ETHACRYNIC ACID 25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	1		0		0
ETOPOSIDE INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
ETOPOSIDE INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
ETOPOSIDE INJECTION	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Facility	Approved	1		0		0
ETOPOSIDE INJECTION	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Other	Approved	3		0		0
ETOPOSIDE INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	3		0		0
ETOPOSIDE INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	2		0		0
ETOPOSIDE INJECTION	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES MULT SITE	Hematology	Approved	1		0		0
EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physician Assistant	Denied	1	Services are not medically necessary	1		0

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EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
EUFLEXXA 20 MG/2 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
EUFLEXXA 20 MG/2 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physical Medicine	Approved	1		0		0
EUFLEXXA 20 MG/2 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Denied	5	Services are not medically necessary	5		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Denied	2	Services are not medically necessary	2		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Denied	5	Services are not medically necessary	5		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	11	Services are not medically necessary	11		0
EUFLEXXA INJ PER DOSE	CHONDROMALACIA PATELLAE, LEFT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	DIZZINESS AND GIDDINESS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	EFFUSION, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	PAIN IN RIGHT KNEE	Facility	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Denied	4	Services are not medically necessary	4		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Anesthesiology	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Emergency Medicine	Approved	1		0		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	17	Services are not medically necessary	17		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	3	Services are not medically necessary	3		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Denied	2	Services are not medically necessary	2		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	2		0		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	18	Services are not medically necessary	18		0
EUFLEXXA INJ PER DOSE	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EURAX 10% CREAM	SCABIES	Dermatology	Approved	2		0		0
EURAX 10% CREAM	SCABIES	Dermatology	Denied	1	Services are not medically necessary	1		0
EURAX 10% LOTION	SCABIES	Dermatology	Approved	1		0		0
EURAX 10% LOTION	SCABIES	Dermatology	Denied	1	Services are not medically necessary	1		0
EVAC RPR A-BILLIAC NDFGT	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Other	Approved	2		0		0
EVACUATE MOLE OF UTERUS	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE	Facility	Approved	1		0		0
EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION & EXPRESSION	R63.3 - Feeding difficulties	Pediatrics	Approved	1		0		0

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EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION & EXPRESSION; EVALUATE SWALLOWING FUNCTIO	F80.1 - Expressive language disorder	Pediatrics	Approved	1		0		0
EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION & EXPRESSION; EVALUATION OF SPEECH FLUENC	F80.9 - Speech delay; F88 - Sensory processing difficulty; F88 - Delayed social and emotional development	Pediatrics	Approved	1		0		0
EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION & EXPRESSION; SPEECH/HEARING THERAPY	F84.0 - Autistic disorder	Pediatrics	Approved	1		0		0
EVALUATE SWALLOWING FUNCTION	C06.9 - Cancer of oral cavity (HCC)	Otolaryngology	Approved	1		0		0
EVALUATE SWALLOWING FUNCTION	FEEDING DIFFICULTIES	Facility	Approved	1		0		0
EVALUATE SWALLOWING FUNCTION	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
EVALUATION OF SPEECH FLUENCY	PHONOLOGICAL DISORDER	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING); EVALUATION OF SPEECH SOUND PRODUCTION;	F80.0 - Articulation disorder	Pediatrics	Approved	1		0		0
EVALUATION OF SPEECH SOUND PRODUCTION; EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION &	F80.1 - Expressive language delay	Pediatrics	Approved	1		0		0
EVASC RPR A-AO NDGFT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Other	Approved	1		0		0
EVASC RPR ILIO-ILIAC NDGFT	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Facility	Approved	1		0		0
EVASC RPR ILIO-ILIAC RPT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
EVEKEO 10 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
EVEKEO 10 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
EVEKEO 10 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
EVEKEO 10 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
EVEKEO 5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
EVEKEO 5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
EVEKEO 5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
EVEKEO 5 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
EVEKEO ODT 5 MG	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
EVICORE	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Psychiatry		0		0	Denied	1
EVICORE	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Urology		0		0	Denied	1
EVICORE	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	Oncology		0		0	Denied	1
EVICORE	GANGLION, UNSPECIFIED WRIST	Emergency Medicine		0		0	Denied	1
EVICORE	HYPERSENSITIVITY ANGIITIS	Rheumatology		0		0	Denied	1
EVICORE	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	Psychiatry		0		0	Denied	1
EVICORE	LOW BACK PAIN	Emergency Medicine		0		0	Denied	1
EVICORE	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Emergency Medicine		0		0	Approved	1
EVICORE	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Emergency Medicine		0		0	Denied	1
EVICORE	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Emergency Medicine		0		0	Denied	1
EVICORE	OTHER ACUTE SINUSITIS	Dermatology		0		0	Denied	1
EVICORE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Allergy/Immunology		0		0	Denied	1
EVICORE	Other spondylosis with radiculopathy, lumbar region	Emergency Medicine		0		0	Denied	1

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EVICORE	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, SUBSEQUENT ENCOUNTER	Nephrology		0		0	Denied	1
EVICORE	PAIN IN RIGHT KNEE	Emergency Medicine		0		0	Denied	1
EVICORE	PAIN IN RIGHT SHOULDER	Emergency Medicine		0		0	Denied	1
EVICORE	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Psychiatry		0		0	Denied	1
EVICORE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Psychiatry		0		0	Denied	1
EVICORE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Emergency Medicine		0		0	Denied	1
EVOTAZ 300 MG-150 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	4		0		0
EVZIO	ADVERSE EFFECT OF OTHER OPIOIDS, INITIAL ENCOUNTER	Allergy/Immunology		0		0	Denied	1
EVZIO 2 MG AUTO-INJECTOR	ADVERSE EFFECT OF OTHER OPIOIDS, INITIAL ENCOUNTER	Pain Management	Denied	1	Services are not medically necessary	1		0
EVZIO 2 MG AUTO-INJECTOR	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
EVZIO 2 MG AUTO-INJECTOR	OPIOID DEPENDENCE, UNCOMPLICATED	Anesthesiology	Denied	3	Services are not medically necessary	3		0
EVZIO 2 MG AUTO-INJECTOR	OPIOID DEPENDENCE, UNCOMPLICATED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
EVZIO 2 MG AUTO-INJECTOR	POISONING BY OTH OPIOIDS, ACCIDENTAL (UNINTENTIONAL), INIT	Pain Management	Denied	1	Services are not medically necessary	1		0
EX ARM/ELBOW TUM DEEP 5 CM/>	BENIGN NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
EXC ABD LES SC < 3 CM	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
EXC ABD LES SC 3 CM/>	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Ancillary	Approved	1		0		0
EXC ABD LES SC 3 CM/>	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Facility	Approved	3		0		0
EXC ABD TUM 5 CM OR LESS	ENDOMETRIOSIS OF PELVIC PERITONEUM	Facility	Denied	1	Services are not medically necessary	1		0
EXC ABD TUM OVER 10 CM	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	1		0		0
EXC ABD TUM OVER 10 CM	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Denied	1	Services are not medically necessary	1		0
EXC ABD TUM OVER 10 CM	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Other	Approved	1		0		0
EXC ABD TUM OVER 5 CM	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	2		0		0
EXC ABDL TUM DEEP < 5 CM	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	Facility	Approved	1		0		0
EXC ABDL TUM DEEP 5 CM/>	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	Facility	Approved	2		0		0
EXC BACK LES SC < 3 CM	BEN LIPOMATOUS NEOPLM OF SKIN, SUBCU OF HEAD, FACE AND NECK	Family Medicine	Approved	1		0		0
EXC BACK LES SC < 3 CM	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
EXC BACK LES SC < 3 CM	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
EXC BACK LES SC 3 CM/>	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	Facility	Approved	1		0		0
EXC BACK LES SC 3 CM/>	SOFT TISSUE DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
EXC BACK TUM DEEP 5 CM/>	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Ancillary	Approved	1		0		0
EXC BACK TUM DEEP 5 CM/>	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Ancillary	Approved	1		0		0
EXC F/E/E/N/L MAL+MRG >4 CM	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
EXC FACE LES SBQ 2 CM/>	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Facility	Approved	1		0		0
EXC FACE LES SBQ 2 CM/>	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Ancillary	Approved	1		0		0
EXC FACE LES SC <2 CM	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Facility	Approved	1		0		0
EXC FACE LES SC <2 CM	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Facility	Approved	1		0		0
EXC FACE TUM DEEP 2 CM/>	OTHER BENIGN NEOPLASM OF SKIN OF UNSPECIFIED PART OF FACE	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG >4 CM	BENIGN NEOPLASM OF PAROTID GLAND	Ancillary	Approved	1		0		0

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EXC FACE-MM B9+MARG 0.5 < CM	L81.9 - Pigmented skin lesions	Plastic Surgery	Approved	1		0		0
EXC FACE-MM B9+MARG 0.5 CM/<	UNSPECIFIED DISORDER OF EYELID	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 0.6-1 CM	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 0.6-1 CM	MELANOCYTIC NEVI, UNSPECIFIED	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 0.6-1 CM	MELANOCYTIC NEVI, UNSPECIFIED	Family Medicine	Approved	1		0		0
EXC FACE-MM B9+MARG 0.6-1 CM	OTHER LESIONS OF ORAL MUCOSA	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM	EPIDERMAL CYST	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM	H93.8X1 - Other specified disorders of right ear	Pediatric Surgery	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM	OTHER BENIGN NEOPLASM OF SKIN OF UNSPECIFIED PART OF FACE	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM	OTHER SPECIFIED DISORDERS OF LEFT EAR	Facility	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
EXC FACE-MM B9+MARG 1.1-2 CM; ANCILLARY ANESTHESIOLOGIST; EXCISE TUMOR SUBCU FACESCALP 2 CM >; REM	L72.0 - Epidermal cyst	Ent-Otolaryngology	Approved	1		0		0
EXC FACE-MM B9+MARG 2.1-3 CM	OTHER CYSTS OF ORAL REGION, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
EXC FACE-MM B9+MARG 3.1-4 CM	UNSP FRACTURE OF RIGHT CALCANEUS, INIT FOR CLOS FX	Facility	Approved	1		0		0
EXC FOREARM LES SC 3 CM/>	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF RIGHT ARM	Ancillary	Approved	1		0		0
EXC HAND LES SC < 1.5 CM	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
EXC HAND TUM DEEP 1.5 CM/>	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	Ancillary	Approved	1		0		0
EXC HAND TUM DEEP 1.5 CM/>	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Ancillary	Approved	1		0		0
EXC HAND TUM DEEP 1.5 CM/>	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
EXC H-F-NK-SP B9+MARG >4 CM	ANOGENITAL (VENEREAL) WARTS	Ancillary	Approved	1		0		0
EXC H-F-NK-SP B9+MARG 0.5/<	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Ancillary	Approved	1		0		0
EXC H-F-NK-SP B9+MARG 0.6-1	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Family Medicine	Approved	1		0		0
EXC H-F-NK-SP B9+MARG 1.1-2	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Approved	1		0		0
EXC H-F-NK-SP B9+MARG 2.1-3	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
EXC H-F-NK-SP B9+MARG 2.1-3	HIDRADENITIS SUPPURATIVA	Ancillary	Approved	1		0		0
EXC H-F-NK-SP B9+MARG 3.1-4	BEN LIPOMATOUS NEOPLM OF SKIN, SUBCU OF HEAD, FACE AND NECK	Ancillary	Approved	1		0		0
EXC HIP/PELVIS LES SC < 3 CM	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
EXC LEG/ANKLE TUM DEP 5 CM/>	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT LEG	Facility	Approved	1		0		0
EXC NECK LES SC 3 CM/>	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	1		0		0
EXC NECK TUM DEEP 5 CM/>	BEN LIPOMATOUS NEOPLM OF SKIN, SUBCU OF HEAD, FACE AND NECK	Ancillary	Approved	1		0		0
EXC NECK TUM DEEP 5 CM/>	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
EXC NECK TUM DEEP 5 CM/>	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Approved	1		0		0
EXC RECT TUM TRANSANAL FULL	ANAL POLYP	Ancillary	Approved	1		0		0

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EXC RECT TUM TRANSANAL FULL	BENIGN CARCINOID TUMOR OF THE RECTUM	Ancillary	Approved	1		0		0
EXC RECT TUM TRANSANAL FULL	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	2		0		0
EXC RECT TUM TRANSANAL PART	ANOGENITAL (VENEREAL) WARTS	Ancillary	Approved	1		0		0
EXC RECT TUM TRANSANAL PART	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	Facility	Approved	1		0		0
EXC RECT TUM TRANSANAL PART	HIGH GRADE INTREPITH LESION CYTO SMR ANUS (HGSIL)	Facility	Approved	1		0		0
EXC RECT TUM TRANSANAL PART	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	Ancillary	Approved	1		0		0
EXC SHOULDER TUM DEEP < 5 CM	SHOULDER LESION, UNSPECIFIED, RIGHT SHOULDER	Ancillary	Approved	1		0		0
EXC SKIN ABD	ERYTHEMA INTERTRIGO	Facility	Denied	1	Services are not medically necessary	1		0
EXC SKIN ABD	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	Facility	Denied	2	Services are not medically necessary	2		0
EXC SKIN ABD	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	1		0		0
EXC SKIN ABD	LOCALIZED ADIPOSITY	Facility	Approved	1		0		0
EXC SKIN ABD	NAUSEA WITH VOMITING, UNSPECIFIED	Facility	Approved	1		0		0
EXC SKIN ABD	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB	Facility	Denied	1	Services are not medically necessary	1		0
EXC SKIN ABD	PANNICULITIS, UNSPECIFIED	Facility	Approved	3		0		0
EXC SKIN ABD	PANNICULITIS, UNSPECIFIED	Facility	Denied	3	Services are not medically necessary	3		0
EXC SKIN ABD ADD-ON	LOCALIZED ADIPOSITY	Facility	Approved	1		0		0
EXC SKIN ABD ADD-ON	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB	Facility	Denied	1	Services are not medically necessary	1		0
EXC SKIN ABD ADD-ON	PANNICULITIS, UNSPECIFIED	Facility	Approved	2		0		0
EXC SKIN ABD ADD-ON	PANNICULITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
EXC THIGH/KNEE TUM DEEP <5CM	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED KNEE	Facility	Approved	1		0		0
EXC TR-EXT B9+MARG > 4.0 CM	L73.2 - Hidradenitis suppurativa	General Surgery	Approved	1		0		0
EXC TR-EXT B9+MARG > 4.0 CM	R22.32 - Localized swelling, mass and lump, left upper limb	General Surgery	Approved	1		0		0
EXC TR-EXT B9+MARG >4.0 CM	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	Ancillary	Approved	2		0		0
EXC TR-EXT B9+MARG >4.0 CM	HIDRADENITIS SUPPURATIVA	Ancillary	Approved	1		0		0
EXC TR-EXT B9+MARG >4.0 CM	HYPERTROPHIC SCAR	Surgery, Plastic	Approved	1		0		0
EXC TR-EXT B9+MARG >4.0 CM	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	Ancillary	Approved	1		0		0
EXC TR-EXT B9+MARG >4.0 CM	SOFT TISSUE DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
EXC TR-EXT B9+MARG >4.0 CM	SOFT TISSUE DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
EXC TR-EXT B9+MARG >4.0 CM	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
EXC TR-EXT B9+MARG >4.0 CM	UNSPECIFIED LESIONS OF ORAL MUCOSA	Facility	Approved	1		0		0
EXC TR-EXT B9+MARG 0.6-1 CM	BEN NEOPLM OF CONNCTV/SOFT TISS OF UNSP LOWER LIMB, INC HIP	Facility	Approved	1		0		0
EXC TR-EXT B9+MARG 0.6-1 CM	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Ancillary	Approved	2		0		0
EXC TR-EXT B9+MARG 0.6-1 CM	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
EXC TR-EXT B9+MARG 0.6-1 CM	PYOGENIC GRANULOMA	Family Medicine	Approved	1		0		0
EXC TR-EXT B9+MARG 3.1-4 CM	MALIG NEOPLM OF CONN AND SOFT TISS OF L UPR LIMB, INC SHLDR	Facility	Approved	1		0		0
EXC TR-EXT MAL+MARG >4 CM	LOWER ABDOMINAL PAIN, UNSPECIFIED	Facility	Approved	1		0		0
EXC TR-EXT MAL+MARG >4 CM	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Ancillary	Approved	1		0		0
EXC TR-EXT MAL+MARG >4 CM	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Facility	Approved	1		0		0
EXC. SKIN ABD	E65 - Abdominal pannus; R23.8 - Skin irritation; Z98.84 - History of gastric bypass	Plastic Surgery	Denied	1	Services are not medically necessary	1		0
EXC. SKIN ABD	E65 - Abdominal pannus; Z98.84 - Hx of laparoscopic gastric banding	Plastic Surgery	Denied	1	Services are not medically necessary	1		0

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EXC. SKIN ABD; ANCILLARY ANESTHESIOLOGIST	E65 - Localized adiposity; R21 - Skin rash; R52, L90.5 - Painful scar	Plastic Surgery	Denied	1	Services are not medically necessary	1		0
EXCIS CHALZION,GEN ANESTHESIA; ANCILLARY ANESTHESIOLOGIST	H00.11 - Chalazion right upper eyelid	Ophthalmology	Approved	1		0		0
EXCISE EXCESS SKIN & TISSUE	DISORDER OF BREAST, UNSPECIFIED	Facility	Approved	1		0		0
EXCISE EXCESS SKIN & TISSUE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
EXCISE EXCESS SKIN & TISSUE	UNSPECIFIED HYPERTROPHY OF VULVA	Facility	Approved	1		0		0
EXCISE EXCESSIVE SKIN ARM	BARIATRIC SURGERY STATUS	Facility	Approved	1		0		0
EXCISE INTRASPINAL LESION; MICROSURGERY ADD-ON	M54.06 - Panniculitis affecting regions of neck and back, lumbar region; M71.38 - Other bursal cyst, other site	Neurosurgery	Approved	1		0		0
EXCISE INTRSPINL LESION LMBR	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	Facility	Denied	1	Services are not medically necessary	1		0
EXCISE INTRSPINL LESION LMBR	OTHER BURSAL CYST, OTHER SITE	Facility	Approved	1		0		0
EXCISE INTRSPINL LESION LMBR	PANNICULITIS AFFECTING REGIONS OF NECK/BK, LUMBAR REGION	Facility	Approved	1		0		0
EXCISE INTRSPINL LESION LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
EXCISE PAROTID GLAND/LESION	BENIGN NEOPLASM OF PAROTID GLAND	Ancillary	Approved	2		0		0
EXCISE PAROTID GLAND/LESION	BENIGN NEOPLASM OF PAROTID GLAND	Other	Denied	1	Services are not medically necessary	1		0
EXCISE PAROTID GLAND/LESION	DISEASE OF SALIVARY GLAND, UNSPECIFIED	Ancillary	Approved	1		0		0
EXCISE PAROTID GLAND/LESION	DISEASE OF SALIVARY GLAND, UNSPECIFIED	Facility	Approved	1		0		0
EXCISE PAROTID GLAND/LESION	K11.8 - Other diseases of salivary glands	Ent-Otolaryngology	Approved	1		0		0
EXCISE PAROTID GLAND/LESION	K11.9 - Disease of salivary gland, unspecified	Ent-Otolaryngology	Approved	1		0		0
EXCISE PAROTID GLAND/LESION	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Other	Approved	1		0		0
EXCISE PAROTID GLAND/LESION	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Facility	Approved	1		0		0
EXCISE PAROTID GLAND/LESION	OTHER DISEASES OF SALIVARY GLANDS	Ancillary	Approved	1		0		0
EXCISE SACRAL SPINE TUMOR	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
EXCISE SACRAL SPINE TUMOR	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
EXCISE SUBMAXILLARY GLAND	BENIGN NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
EXCISE SUBMAXILLARY GLAND	CUTANEOUS ABSCESS OF NECK	Ancillary	Approved	1		0		0
EXCISE SUBMAXILLARY GLAND	SIALOADENITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
EXCISE TUMOR SOFT TISS FOREARM &OR WRIST AREA SUBQ 3 CM >	D17.21 - Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm	Hand Surgery Orthopedics	Approved	1		0		0
EXCISE TUMOR SOFT TISS LEGANKLE AREA SUBFASCIAL (EG IM) 5 CM >; ANCILLARY ANESTHESIOLOGIST	D17.24 - Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg	Oncology	Approved	1		0		0
EXCISE TUMOR SOFT TISS NECKANTERIOR THORAX SUBFASCIAL (EG IM) 5 CM >	D17.0 - Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck	Ent-Otolaryngology	Approved	1		0		0
EXCISE TUMOR SUBCU FACESCALP < 2 CM	R22.0 - Localized swelling, mass and lump, head	Ent-Otolaryngology	Approved	1		0		0
EXCISE TUMOR SUBFASCIAL FACESCALP > 2 CM	D23.30 - Cyst, dermoid, face	Plastic Surgery	Approved	1		0		0
EXCISE/REPAIR MOUTH LESION	DISEASES OF LIPS	Ancillary	Approved	1		0		0
EXCISE/REPAIR MOUTH LESION	MUCOCELE OF SALIVARY GLAND	Dentistry	Approved	1		0		0
EXCISE/REPAIR MOUTH LESION	OTHER LESIONS OF ORAL MUCOSA	Ancillary	Approved	1		0		0
EXCISION BREAST LESION	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Facility	Approved	1		0		0
EXCISION BREAST LESION	COLOSTOMY STATUS	Ancillary	Approved	1		0		0
EXCISION BREAST LESION	DISORDER OF BREAST, UNSPECIFIED	Ancillary	Approved	1		0		0
EXCISION BREAST LESION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
EXCISION BREAST LESION	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
EXCISION BREAST LESION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
EXCISION BREAST LESION	HYPERTROPHY OF BREAST	Ancillary	Approved	1		0		0
EXCISION BREAST LESION	HYPERTROPHY OF BREAST	Facility	Approved	1		0		0
EXCISION BREAST LESION	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	2		0		0
EXCISION BREAST LESION	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
EXCISION BREAST LESION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
EXCISION BREAST LESION	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
EXCISION BREAST LESION	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	Ancillary	Approved	2		0		0
EXCISION BREAST LESION	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	Facility	Approved	1		0		0
Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanteroffemur) with or without autograft	BENIGN NEOPLASM SCAPULA & LONG BONES LT UP LIMB	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Excision of bone cyst or benign tumor;with autograft requiring separate incision	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEdic	Approved	1		0		0
EXCISION OF BONE LOWER JAW	BENIGN NEOPLASM OF LOWER JAW BONE	Facility	Approved	1		0		0
EXCISION OF BONE LOWER JAW	INFLAMMATORY CONDITIONS OF JAWS	Facility	Denied	1	Services are not medically necessary	1		0
EXCISION OF BONE LOWER JAW	INFLAMMATORY CONDITIONS OF JAWS	Surgery, Oral And Maxillofacial	Approved	1		0		0
EXCISION OF BRAIN TUMOR	NEOPLASM OF UNCERTAIN BEHAVIOR OF CRANIOPHARYNGEAL DUCT	Other	Approved	1		0		0
EXCISION OF ESOPHAGUS LESION	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	2		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	CYSTIC MENISCUS UNSPECIFIED MENISCUS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	CYSTIC MENISCUS UNSPECIFIED MENISCUS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	VILLONODULAR SYNOVITIS PIGMENTED LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
EXCISION OF MESENTERY LESION	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Facility	Approved	1		0		0
EXCISION OF MOUTH LESION	CARCINOMA IN SITU OF FLOOR OF MOUTH	Facility	Approved	1		0		0
EXCISION OF NAIL FOLD TOE	INGROWING NAIL	Facility	Approved	1		0		0
EXCISION OF NAIL FOLD, TOE; ANCILLARY ANESTHESIOLOGIST	L60.0 - Ingrowing nail	Pediatric Surgery	Approved	1		0		0
EXCISION OF SKULL/SUTURES	CRANIOSYNOSTOSIS	Facility	Approved	1		0		0
EXCISION OF STOMACH LESION	BENIGN NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Other	Approved	1		0		0
EXCISION OF STOMACH LESION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Other	Approved	1		0		0
EXCISION OF TONGUE FOLD	ANKYLOGLOSSIA	Ancillary	Approved	1		0		0
EXCISION OF TONGUE FOLD	Q38.1 - Ankyloglossia	Ent-Otolaryngology	Approved	1		0		0
EXCISION OF UMBILICUS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
EXCISION OF UVULA	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
EXCISION OF UVULA	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
EXCISION OF UVULA	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
EXCISION OF UVULA	HYPERTROPHY OF TONSILS	Facility	Denied	1	Services are not medically necessary	1		0
EXCISION OF UVULA	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIP	Ancillary	Approved	1		0		0
EXCISION OF UVULA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
EXCISION OF UVULA	OTHER LESIONS OF ORAL MUCOSA	Ancillary	Approved	1		0		0

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Excision or curettage of bone cyst or benign tumor of femur;	OBESITY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision or curettage of bone cyst or benign tumor of femur;	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision or curettage of bone cyst or benign tumor of femur;	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Excision or curettage of bone cyst or benign tumor of femur;with allograft	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision or curettage of bone cyst or benign tumor of femur;with allograft	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Excision or curettage of bone cyst or benign tumor of proximal humerus;	BENIGN NEOPLASM SCAPULA & LONG BONES RT UP LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
EXCISION, BREAST LESION	N60.92 - Unspecified benign mammary dysplasia of left breast	General Surgery	Approved	1		0		0
EXCISION, BREAST LESION	N60.99 - Unspecified benign mammary dysplasia of unspecified breast	General Surgery	Approved	2		0		0
EXCISION, BREAST LESION; ANCILLARY ANESTHESIOLOGIST	N64.9 - Disorder of breast, unspecified	General Surgery	Approved	1		0		0
EXCISION, BREAST LESION; ANCILLARY ANESTHESIOLOGIST; ECHO GUIDE FOR BIOPSY; PLACMNT OF BREAST LOCA	N60.91 - Unspecified benign mammary dysplasia of right breast	General Surgery	Approved	1		0		0
Excision, prepatellar bursa	CUTANEOUS ABSCESS OF LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision, prepatellar bursa	PREPATELLAR BURSTITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision, soft tissue tumor, shoulder area; subcutaneous	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision, soft tissue tumor, shoulder area; subcutaneous	EPIDERMAL CYST	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Excision, soft tissue tumor, shoulder area; subcutaneous	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-GENERAL	Approved	1		0		0
Excision, soft tissue tumor, shoulder area; subcutaneous	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-PEDIATRIC	Approved	1		0		0
Excision, soft tissue tumor, shoulder area; subcutaneous	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Excision, soft tissue tumor, shoulder area; subcutaneous	LUQ ABDOMINAL SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Excision, soft tissue tumor, shoulder area; subcutaneous	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	PLASTIC SURGERY	Approved	1		0		0
Excision, soft tissue tumor, shoulder area;deep, subfascial, or intramuscular	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Excision, soft tissue tumor, shoulder area;deep, subfascial, or intramuscular	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	PLASTIC SURGERY	Approved	1		0		0
Excision, soft tissue tumor, shoulder area;deep, subfascial, or intramuscular	OTHER SPECIFIED JOINT DISORDERS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision, tumor, pelvis and hip area; subcutaneous tissue	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	GENERAL SURGERY	Approved	1		0		0
Excision, tumor, pelvis and hip area; subcutaneous tissue	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	SURGERY	Approved	1		0		0
Excision, tumor, pelvis and hip area; subcutaneous tissue	FOLLICULAR CYST THE SKIN & SUBQ TISSUE UNS	SURGERY-COLON/RECTAL	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE PELVIS	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	PILONIDAL CYST WITHOUT ABSCESS	GENERAL SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	SCAR CONDITIONS AND FIBROSIS OF SKIN	PLASTIC SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	SCAR CONDITIONS AND FIBROSIS OF SKIN	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0

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Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular);5 cm or greater	OTHER SPECIFIED SOFT TISSUE DISORDERS	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT ARM	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	BENIGN LIPOMATOUS NEOPLSM SKIN & SUBQ UNS LIMB	SURGERY-GENERAL	Denied	3	Services are not medically necessary	3		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	OTHER BEN NEOPLASM SKIN LT UPPER LIMB INCL SHLDR	PLASTIC SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	SEBACEOUS CYST	GENERAL SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	SEBACEOUS CYST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	SOFT TISSUE DISORDER UNSPECIFIED	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT ARM	DERMATOLOGY	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT LEG	SURGERY	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT LEG	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	BENIGN LIPOMATOUS NEOPLSM SKIN & SUBQ UNS LIMB	GENERAL SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY-GENERAL	Approved	2		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT ARM	DERMATOLOGY	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT LEG	SURGERY- PLASTIC	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	CALCIFICATION & OSSIFICATION MUSCLE UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0

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Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	HIDRADENITIS SUPPURATIVA	SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Approved	2		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT LEG	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm	CALCIFICATION & OSSIFICATION MUSCLE UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0
Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm	LESION LATERAL POPLITEAL NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm	OTHER BENIGN NEOPLASM OF SKIN UNSPECIFIED	SURGERY- PLASTIC	Approved	1		0		0
EXCISIONAL BIOPSY, KNEE JOINT; OFFICE/OUTPATIENT VISIT, NEW	R22.41 - Localized swelling, mass and lump, right lower limb	Internal Medicine - Sports Medicine	Approved	1		0		0
EXELDERM 1% CREAM	PITYRIASIS VERSICOLOR	Dermatology	Denied	1	Services are not medically necessary	1		0
EXHALED CARBON DIOXIDE TEST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
EXJADE 500 MG TABLET	HEREDITARY HEMOCHROMATOSIS	Hematology	Approved	1		0		0
EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	ASPERGER'S SYNDROME	Internal Medicine		0		0	Denied	1
EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	EHLERS-DANLOS SYNDROMES	Pain Management		0		0	Approved	1
EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Major depressive disorder, recurrent, moderate	Physical Medicine		0		0	Denied	1
EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Specific developmental disorder of motor function	Pediatrics		0		0	Approved	1
EXOME SEQUENCE ANALYSIS	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	ACIDOSIS	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	ASPERGER'S SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	AUTISTIC DISORDER	Ancillary	Approved	11		0		0
EXOME SEQUENCE ANALYSIS	AUTISTIC DISORDER	Ancillary	Denied	9	Services are not medically necessary	9		0
EXOME SEQUENCE ANALYSIS	COARCTATION OF AORTA	Ancillary	Approved	1		0		0
EXOME SEQUENCE ANALYSIS	DEHYDRATION	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	DEHYDRATION	Facility	Denied	1	Services are not medically necessary	1		0

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EXOME SEQUENCE ANALYSIS	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
EXOME SEQUENCE ANALYSIS	DIZZINESS AND GIDDINESS	Pediatrics	Denied	2	Services are not medically necessary	2		0
EXOME SEQUENCE ANALYSIS	EHLERS-DANLOS SYNDROMES	Ancillary	Approved	4		0		0
EXOME SEQUENCE ANALYSIS	EHLERS-DANLOS SYNDROMES	Ancillary	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	EPILEPTIC SPASMS, NOT INTRACTABLE, W/O STATUS EPILEPTICUS	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	FALL FROM PLAYGRND EQUIP	Facility	Denied	2	Services are not medically necessary	2		0
EXOME SEQUENCE ANALYSIS	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Denied	2	Services are not medically necessary	2		0
EXOME SEQUENCE ANALYSIS	HYPERMETROPIA, UNSPECIFIED EYE	Facility	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	HYPERMOBILITY SYNDROME	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	MILD INTELLECTUAL DISABILITIES	Ancillary	Approved	4		0		0
EXOME SEQUENCE ANALYSIS	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
EXOME SEQUENCE ANALYSIS	MULTIPLE CONGENITAL MALFORMATIONS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
EXOME SEQUENCE ANALYSIS	OPIOID USE, UNSPECIFIED, UNCOMPLICATED	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	OTHER FORMS OF NYSTAGMUS	Ancillary	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Approved	1		0		0
EXPLORATION MAXILLARY SINUS	ABNORMAL FINDINGS ON DX IMAGING OF SKULL AND HEAD, NEC	Ancillary	Approved	1		0		0
EXPLORATION MAXILLARY SINUS	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
EXPLORATION MAXILLARY SINUS	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
EXPLORATION MAXILLARY SINUS	OTHER CHRONIC SINUSITIS	Ancillary	Approved	1		0		0
EXPLORATION OF ABDOMEN	DEEP DYSPAREUNIA	Other	Denied	1	Services are not medically necessary	1		0
EXPLORATION OF ABDOMEN	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	1		0		0
EXPLORATION OF ANKLE JOINT	CONGENITAL TALIPES EQUINOVARUS	Facility	Approved	1		0		0
EXPLORATION OF CHEST	OTHER DISORDERS OF LUNG	Facility	Approved	1		0		0
EXPLORATION OF KNEE JOINT	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Facility	Approved	1		0		0

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EXPLORATION OF SPINAL FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
EXPLORATION OF SPINAL FUSION	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
EXPLORE ADRENAL GLAND	OTHER ASCITES	Other	Approved	1		0		0
EXPLORE NECK VESSELS	CUTANEOUS ABSCESS OF NECK	Ancillary	Approved	1		0		0
EXPLORE NECK VESSELS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
EXPLORE PARATHYROID GLANDS	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Facility	Approved	1		0		0
EXPLORE PARATHYROID GLANDS	BENIGN NEOPLASM OF PARATHYROID GLAND	Ancillary	Approved	4		0		0
EXPLORE PARATHYROID GLANDS	BENIGN NEOPLASM OF PARATHYROID GLAND	Facility	Approved	3		0		0
EXPLORE PARATHYROID GLANDS	CALCULUS OF URETER	Ancillary	Approved	1		0		0
EXPLORE PARATHYROID GLANDS	D35.1 - Benign neoplasm of parathyroid gland	Ent-Otolaryngology	Approved	2		0		0
EXPLORE PARATHYROID GLANDS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
EXPLORE SCROTUM	VASCULAR DISORDERS OF MALE GENITAL ORGANS	Ancillary	Approved	1		0		0
EXPLORE/BIOPSY EYE SOCKET	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED SITES	Facility	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN	CHRONIC KIDNEY DISEASE, STAGE 5	Ancillary	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN	MASTODYNIA	Ancillary	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	5		0		0
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Ancillary	Approved	2		0		0
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	8		0		0
EXT AMB INFUSN PUMP INSULIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	2		0		0
EXT AMB INFUSN PUMP INSULIN	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	Ancillary	Approved	1		0		0
EXT AMB INFUSN PUMP INSULIN; DISPOSABLE SENSOR, CGM SYS; EXTERNAL TRANSMITTER, CGM	E10.65 - Type 1 diabetes mellitus with hyperglycemia	Endocrinology	Approved	1		0		0
EXT AMB INSULIN DELIVERY SYS	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
EXT AMB INSULIN DELIVERY SYS	LEFT UPPER QUADRANT PAIN	Ancillary	Approved	3		0		0
EXT AMB INSULIN DELIVERY SYS	MASTODYNIA	Ancillary	Approved	2		0		0
EXT AMB INSULIN DELIVERY SYS	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
EXT AMB INSULIN DELIVERY SYS	STRAIN MUSC/TEND POST GRP AT LOW LEG LEVEL, RIGHT LEG, INIT	Ancillary	Approved	1		0		0
EXT AMB INSULIN DELIVERY SYS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	3		0		0
EXT AMB INSULIN DELIVERY SYS	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Ancillary	Approved	1		0		0
EXT AMB INSULIN DELIVERY SYS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	11		0		0
EXT AMB INSULIN DELIVERY SYS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	3		0		0
EXT ECG RECORDING	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	1		0		0
EXT ECG RECORDING	CARDIAC MURMUR, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
EXT ECG RECORDING	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	CARDIOVASCULAR SURGERY	Approved	1		0		0
EXT ECG RECORDING	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0

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EXT ECG REVIEW AND INTERP	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	1		0		0
EXT ECG REVIEW AND INTERP	CARDIAC MURMUR, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
EXT ECG REVIEW AND INTERP	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	CARDIOVASCULAR SURGERY	Approved	1		0		0
EXT ECG REVIEW AND INTERP	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
EXTENSIVE JAW SURGERY	BENIGN NEOPLASM OF LOWER JAW BONE	Facility	Approved	1		0		0
EXTENSIVE REMOVAL OF LIVER	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Facility	Approved	1		0		0
EXTENSIVE TESTIS SURGERY	UNILATERAL INTRAABDOMINAL TESTIS	Facility	Approved	1		0		0
EXTENSIVE VULVA SURGERY	CARCINOMA IN SITU OF VULVA	Other	Approved	1		0		0
EXTENSIVE VULVA SURGERY	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	Other	Approved	1		0		0
EXTENSIVE VULVA SURGERY	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	Facility	Approved	2		0		0
EXTERNAL AMBULATORY INFUS PU	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Ancillary	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	HYPO-OSMOLALITY AND HYPONATREMIA	Ancillary	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	2		0		0
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF BODY OF STOMACH	Ancillary	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Ancillary	Approved	2		0		0
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Ancillary	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	2		0		0
EXTERNAL AMBULATORY INFUS PU	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Ancillary	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	Ancillary	Approved	1		0		0
EXTERNAL AMBULATORY INFUS PU	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	PRIMARY ADRENOCORTICAL INSUFFICIENCY	Vascular & Interventional Radiology		0		0	Denied	1
EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine		0		0	Denied	1
EXTERNAL RECEIVER, CGM SYS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
EXTERNAL RECEIVER, CGM SYS	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
EXTERNAL RECHARG SYS INTERN	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
External recharge sys intern	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
EXTERNAL RECHARG SYS INTERN	OTHER DYSTONIA	Facility	Approved	1		0		0
EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	CHRONIC PAIN SYNDROME	Psychiatry		0		0	Denied	1
EXTERNAL TRANSMITTER, CGM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
EXTERNAL TRANSMITTER, CGM	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
EXTERNAL TRANSMITTER, CGM	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	5		0		0
EXTERNAL TRANSMITTER, CGM	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ancillary	Approved	1		0		0
EXTERNAL TRANSMITTER, CGM	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
EXTERNAL TRANSMITTER, CGM	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Ancillary	Approved	1		0		0
EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIP	Facility	Approved	1		0		0

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EXTREMITY STUDY	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Facility	Approved	1		0		0
EXTREMITY STUDY	END STAGE RENAL DISEASE	Facility	Approved	3		0		0
EXTREMITY STUDY	PAIN IN LEFT KNEE	Facility	Approved	1		0		0
EXTREMITY STUDY; VESSEL MAPPING HEMO ACCESS	N18.5 - Chronic kidney disease, stage 5	Internal Medicine Nephrology	Approved	1		0		0
EXTREMITY STUDY; VESSEL MAPPING HEMO ACCESS	N18.6 - End stage renal disease	Internal Medicine Nephrology	Approved	1		0		0
EXTRNL COUNTERPULSE, PER TX	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Ancillary	Approved	1		0		0
EXTRNL COUNTERPULSE, PER TX	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Approved	3		0		0
EXTRNL COUNTERPULSE, PER TX	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	2		0		0
EXTRNL COUNTERPULSE, PER TX	UNSPECIFIED ATRIAL FIBRILLATION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
EYE EXAM ESTABLISH PATIENT	END STAGE RENAL DISEASE	Optometry	Approved	1		0		0
EYE EXAM ESTABLISH PATIENT	TYPE 2 DIAB WITH DIAB MACULAR EDEMA, RESOLVED FOL TRTMT, BI	OPHTHALMOLOGY	Approved	1		0		0
EYE EXAM ESTABLISH PATIENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	Approved	1		0		0
EYE EXAM ESTABLISH PATIENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	4		0		0
EYE EXAM ESTABLISH PATIENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	4		0		0
EYE EXAM ESTABLISH PATIENT	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
EYE EXAM ESTABLISHED PAT - INTERMEDIATE	H01.006, H16.9 - Blepharokeratitis, left	Ophthalmology	Approved	1		0		0
EYE EXAM ESTABLISHED PAT - INTERMEDIATE	H04.001 - Dacryoadenitis, right	Ophthalmology	Approved	1		0		0
EYE EXAM ESTABLISHED PAT - INTERMEDIATE; POST SEG, OPTIC NERVE SCAN COMPUTERIED OPHTH DX IMAGIN, W	H40.1113 - Primary open-angle glaucoma, right eye, severe stage; H40.1123 - Primary open-angle glaucoma, left eye, severe stage	Ophthalmology	Approved	1		0		0
EYE EXAM ESTABLISHED PAT - INTERMEDIATE; POST SEG, OPTIC NERVE SCAN COMPUTERIED OPHTH DX IMAGIN, W	H40.1133 - Primary open-angle glaucoma, bilateral, severe stage	Ophthalmology	Approved	1		0		0
EYE EXAM WITH PHOTOS	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	2		0		0
EYE EXAM WITH PHOTOS	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	2		0		0
EYE EXAM&TX ESTAB PT 1/>VST	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	Approved	1		0		0
EYE EXAM&TX ESTAB PT 1/>VST	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	1		0		0
EYE SERVICE OR PROCEDURE	DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND	Optometry	Approved	1		0		0
EYE SERVICE OR PROCEDURE	MINOR OPACITY OF CORNEA, BILATERAL	Optometry	Approved	1		0		0
EYE SURGERY PROCEDURE	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
EYLEA 2 MG/0.05 ML VIAL	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	1		0		0
EYLEA 2 MG/0.05 ML VIAL	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
EYLEA 2 MG/0.05 ML VIAL	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
EZH2 GENE FULL GENE SEQUENCE	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Approved	1		0		0
EZH2 GENE FULL GENE SEQUENCE	HEREDITARY SIDEROBLASTIC ANEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
F18 FDG	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	RADIOLOGY	Approved	1		0		0

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F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Rheumatology		0		0	Approved	1
F2 GENE	ACTIVATED PROTEIN C RESISTANCE	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF L LOW EXTREM	Other	Approved	1		0		0
F2 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF R LOW EXTREM	Internal Medicine	Approved	1		0		0
F2 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF R LOW EXTREM	Pediatrics	Denied	1	Services are not medically necessary	1		0
F2 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Hematology	Approved	1		0		0
F2 GENE	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF L LOW EXTREM	Hematology	Approved	1		0		0
F2 GENE	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	Ancillary	Approved	1		0		0
F2 GENE	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	Family Medicine	Approved	1		0		0
F2 GENE	ANXIETY DISORDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	Ancillary	Approved	2		0		0
F2 GENE	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ENCOUNTER FOR SCREENING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	FOLLICULAR CYST OF LEFT OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	Oncology	Approved	1		0		0
F2 GENE	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	General Practice	Denied	1	Services are not medically necessary	1		0
F2 GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
F2 GENE	METHYLENETETRAHYDROFOLATE REDUCTASE DEFICIENCY	Hematology	Denied	1	Services are not medically necessary	1		0
F2 GENE	OTHER PRIMARY THROMBOPHILIA	Ancillary	Approved	1		0		0
F2 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	3		0		0
F2 GENE	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	Obstetrics/Gynecology	Approved	1		0		0
F2 GENE	PERSONAL HISTORY OF PULMONARY EMBOLISM	Family Medicine	Approved	1		0		0
F2 GENE	PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	RECURRENT PREGNANCY LOSS	Ancillary	Denied	3	Services are not medically necessary	3		0
F2 GENE	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0

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F2 GENE	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT		Dermatology		0		0	Denied	1
F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT LOWER EXTREMITY	Dermatology		0		0	Denied	1
F5 GENE	ACTIVATED PROTEIN C RESISTANCE	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF R LOW EXTREM	Pediatrics	Denied	1	Services are not medically necessary	1		0
F5 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Hematology	Approved	1		0		0
F5 GENE	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF L LOW EXTREM	Hematology	Approved	1		0		0
F5 GENE	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	Ancillary	Approved	1		0		0
F5 GENE	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	Family Medicine	Approved	1		0		0
F5 GENE	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	ANXIETY DISORDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	ATAXIC GAIT	Neurology	Denied	1	Services are not medically necessary	1		0
F5 GENE	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Ancillary	Denied	2	Services are not medically necessary	2		0
F5 GENE	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	Ancillary	Approved	2		0		0
F5 GENE	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	ENCOUNTER FOR SCREENING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	FOLLICULAR CYST OF LEFT OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	Oncology	Approved	1		0		0
F5 GENE	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	General Practice	Denied	1	Services are not medically necessary	1		0
F5 GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
F5 GENE	METHYLENETETRAHYDROFOLATE REDUCTASE DEFICIENCY	Hematology	Denied	1	Services are not medically necessary	1		0
F5 GENE	OTHER PRIMARY THROMBOPHILIA	Ancillary	Approved	1		0		0
F5 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
F5 GENE	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	Ancillary	Approved	1		0		0
F5 GENE	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	Obstetrics/Gynecology	Approved	1		0		0
F5 GENE	PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Denied	1	Services are not medically necessary	1		0

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F5 GENE	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	RECURRENT PREGNANCY LOSS	Ancillary	Denied	3	Services are not medically necessary	3		0
F5 GENE	RECURRENT PREGNANCY LOSS	Internal Medicine	Approved	1		0		0
F5 GENE	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	Ancillary	Approved	1		0		0
F5 GENE	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Ancillary	Denied	1	Services are not medically necessary	1		0
FABIOR 0.1% FOAM	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
FABIOR 0.1% FOAM	ACNE VULGARIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FABIOR 0.1% FOAM	ACNE VULGARIS	Physician	Approved	1		0		0
FABRICATION & FITTING	ACQUIRED ABSENCE OF EYE	Other	Approved	1		0		0
FABRICATION & FITTING	OTHER DISORDERS OF GLOBE	Ancillary	Approved	1		0		0
FACE BONE GRAFT	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	1		0		0
FACE BONE GRAFT	DENTAL CARIES, UNSPECIFIED	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
FACE BONE GRAFT	RADICULAR CYST	Surgery, Oral And Maxillofacial	Approved	1		0		0
FACE BONE GRAFT	SEVERE ATROPHY OF THE MAXILLA	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
FACE BONE GRAFT	UNSPECIFIED CLEFT PALATE WITH BILATERAL CLEFT LIP	Facility	Approved	1		0		0
FACILITY BASED POLYSOMNOGRAPHY (PSG), 1 - 3 PARAMS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	1		0		0
FACILITY BASED POLYSOMNOGRAPHY (PSG), 1 - 3 PARAMS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	2	Services are not medically necessary	2		0
FACILITY BASED SLEEP STUDY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	2	Services are not medically necessary	2		0
FACILITY BASED SLEEP STUDY	SNORING	Respiratory	Denied	1	Services are not medically necessary	1		0
FACTOR IX ALPROLIX RECOMB	HEREDITARY FACTOR IX DEFICIENCY	Ancillary	Approved	2		0		0
FACTOR IX IDELVION INJ	HEREDITARY FACTOR IX DEFICIENCY	Ancillary	Approved	1		0		0
FACTOR IX RECOMBINANT NOS	HEREDITARY FACTOR IX DEFICIENCY	Ancillary	Approved	2		0		0
FACTOR IX RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	1		0		0
FACTOR VIII FC FUSION RECOMB	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	1		0		0
FACTOR VIII RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	10		0		0
FACTOR VIII RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	Pediatric Hematology/Oncology	Approved	1		0		0
FACTOR VIII RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	Pediatrics	Approved	2		0		0
FACTOR VIII RECOMBINANT NOS	OPISTHORCHIASIS	Ancillary	Approved	1		0		0
FAMILY PSYTX W/O PT 50 MIN	ILLNESS, UNSPECIFIED	Social Work	Approved	1		0		0
FAMOTIDINE 20 MG TABLET	BARIATRIC SURGERY STATUS	Surgery, General	Approved	1		0		0
FAMOTIDINE 20 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Allergy/Immunology	Approved	3		0		0
FAMOTIDINE 20 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
FAMOTIDINE 20 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
FAMOTIDINE 20 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Approved	1		0		0
FAMOTIDINE 40 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	2		0		0
FAMOTIDINE 40 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	2		0		0
FAMOTIDINE 40 MG TABLET	POLYP OF STOMACH AND DUODENUM	Gastroenterology	Approved	1		0		0

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FANAPT 1 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
FANAPT 6 MG TABLET	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
FANCC GENE	IRREGULAR MENSTRUATION, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
FANCC GENE	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
FARXIGA 10 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FARXIGA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
FARXIGA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FASENRA	Unspecified asthma, uncomplicated	Anesthesiology		0		0	Approved	1
FASENRA 30 MG/ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Critical Care Medicine	Approved	1		0		0
FASENRA 30 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
FASENRA 30 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
FELBATOL 600 MG TABLET	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Neurology	Approved	1		0		0
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	1		0		0
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Ancillary	Approved	1		0		0
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	Ancillary	Approved	1		0		0
FEM/POPL REVAS W/ATHER	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
FEM/POPL REVAS W/ATHER	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
FEM/POPL REVAS W/ATHER	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
FEM/POPL REVAS W/ATHER	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, General	Approved	1		0		0
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	1		0		0
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
FEM/POPL REVAS W/TLA	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
FEM/POPL REVAS W/TLA	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, General	Denied	1	Services are not medically necessary	1		0

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FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	Surgery, Vascular	Approved	1		0		0
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Cardiology, Interventional	Approved	1		0		0
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	2		0		0
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Ancillary	Approved	1		0		0
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	Ancillary	Approved	1		0		0
FEM/POPL REVASC STNT & ATHER	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
FEM/POPL REVASC STNT & ATHER	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
FEM/POPL REVASC STNT & ATHER	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, General	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC STNT & ATHER	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC STNT & ATHER	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Facility	Approved	1		0		0
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	Facility	Approved	1		0		0
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	1		0		0
FEM/POPL REVASC W/STENT	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
FEM/POPL REVASC W/STENT	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
FEM/POPL REVASC W/STENT	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	4		0		0
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
FENOPROFEN 200 MG CAPSULE	OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Approved	1		0		0
FENOPROFEN 200 MG CAPSULE	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
FENOPROFEN 400 MG CAPSULE	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Surgery, Orthopedic	Approved	1		0		0
FENOPROFEN 400 MG CAPSULE	METATARSALGIA, RIGHT FOOT	Podiatry	Approved	1		0		0
FENOPROFEN 400 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
FENOPROFEN 400 MG CAPSULE	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND	Surgery, Orthopedic	Approved	1		0		0
FENTANYL 100 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
FENTANYL 100 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Rheumatology	Approved	2		0		0
FENTANYL 100 MCG/HR PATCH	INTERSTITIAL CYSTITIS (CHRONIC) WITHOUT HEMATURIA	Urology	Denied	1	Services are not medically necessary	1		0
FENTANYL 100 MCG/HR PATCH	LOW BACK PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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FENTANYL 100 MCG/HR PATCH	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	Hematology	Approved	1		0		0
FENTANYL 100 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Approved	1		0		0
FENTANYL 100 MCG/HR PATCH	PAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Internal Medicine	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	3		0		0
FENTANYL 12 MCG/HR PATCH	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Pain Management	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	MALIGNANT NEOPLASM OF BORDER OF TONGUE	Oncology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	Hematology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Internal Medicine	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Radiation Oncology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	MULTIPLE SCLEROSIS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
FENTANYL 12 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hospice And Palliative Medicine	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	3		0		0
FENTANYL 12 MCG/HR PATCH	PHANTOM LIMB SYNDROME WITH PAIN	Physical Medicine	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	POLYNEUROPATHY, UNSPECIFIED	Pain Management	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Anesthesiology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH		Nephrology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	AMYOTROPHIC LATERAL SCLEROSIS	Family Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	CELLULITIS, UNSPECIFIED	Hospice And Palliative Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	5		0		0
FENTANYL 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
FENTANYL 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
FENTANYL 25 MCG/HR PATCH	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	General Practice	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	LOW BACK PAIN	Pain Management	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	Hematology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF BODY OF STOMACH	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Radiation Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Hematology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF LOWER LOBE, UNSP BRONCHUS OR LUNG	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Anesthesiology	Approved	1		0		0

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FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Hematology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Hematology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Denied	1	Services are not medically necessary	1		0
FENTANYL 25 MCG/HR PATCH	MUSCLE SPASM OF BACK	Pain Management	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	2		0		0
FENTANYL 25 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	2		0		0
FENTANYL 25 MCG/HR PATCH	OTHER CHRONIC PAIN	Anesthesiology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	OTHER CHRONIC PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
FENTANYL 25 MCG/HR PATCH	OTHER CHRONIC PAIN	Physical Medicine	Approved	2		0		0
FENTANYL 25 MCG/HR PATCH	OTHER CHRONIC PANCREATITIS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
FENTANYL 25 MCG/HR PATCH	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	OTHER SPONDYLOSIS, THORACIC REGION	Pain Management	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	SECONDARY MALIGNANT NEOPLASM OF BONE	Hematology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	SECONDARY MALIGNANT NEOPLASM OF BONE	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	2		0		0
FENTANYL 25 MCG/HR PATCH	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Pain Management	Approved	3		0		0
FENTANYL 37.5 MCG/HR PATCH		Pain Management	Approved	1		0		0
FENTANYL 37.5 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
FENTANYL 37.5 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
FENTANYL 37.5 MCG/HR PATCH	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
FENTANYL 37.5 MCG/HR PATCH	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Pain Management	Approved	1		0		0
FENTANYL 37.5 MCG/HR PATCH	SCOLIOSIS, UNSPECIFIED	Anesthesiology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	3		0		0
FENTANYL 50 MCG/HR PATCH	GASTROSCHISIS	Internal Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	GENERALIZED ABDOMINAL PAIN	Pain Management	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	LOW BACK PAIN	Pain Management	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MALIGNANT NEOPLASM OF BASE OF TONGUE	Radiation Oncology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS	Hematology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Family Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Pain Management	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Oncology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MULTIPLE MYELOMA IN RELAPSE	Hematology	Approved	2		0		0

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FENTANYL 50 MCG/HR PATCH	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Radiation Oncology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	2		0		0
FENTANYL 50 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	OTHER CHRONIC PAIN	Physical Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Denied	2	Services are not medically necessary	2		0
FENTANYL 50 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	2		0		0
FENTANYL 50 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Physical Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	SPINAL STENOSIS, CERVICAL REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
FENTANYL 50 MCG/HR PATCH	SPONDYLOLISTHESIS, LUMBAR REGION	Anesthesiology	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Physical Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	UNSPECIFIED ABDOMINAL PAIN	Hospice And Palliative Medicine	Approved	1		0		0
FENTANYL 62.5 MCG/HR PATCH	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS	Hematology	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	CERVICALGIA	Family Medicine	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	FIBROMYALGIA	Rheumatology	Denied	1	Services are not medically necessary	1		0
FENTANYL 75 MCG/HR PATCH	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Anesthesiology	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
FENTANYL 75 MCG/HR PATCH	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Hematology	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS	Hematology	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Hematology	Approved	2		0		0
FENTANYL 75 MCG/HR PATCH	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Medicine	Denied	3	Services are not medically necessary	3		0
FERREX 150 CAPSULE	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Hematology	Denied	1	Services are not medically necessary	1		0
FERRIPROX 500 MG TABLET	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	Family Nurse Practitioner	Approved	1		0		0
FERRIPROX 500 MG TABLET	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	Neurology	Approved	1		0		0
FERRIPROX 500 MG TABLET	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	Pediatric Nurse Practitioner	Approved	1		0		0
FERRIPROX 500 MG TABLET	OTHER THALASSEMIAS	Pediatric Nurse Practitioner	Approved	1		0		0
FERRIPROX 500 MG TABLET	THALASSEMIA MINOR	Hematology	Approved	1		0		0
FERUMOXYTOL, NON-ESRD	ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
FERUMOXYTOL, NON-ESRD	IRON DEFICIENCY ANEMIA, UNSPECIFIED	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
FETAL ANEUPLOIDY TRISOM RISK	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	Genetics	Approved	1		0		0
FETAL CHRMOML ANEUPLOIDY	ANEMIA COMPLICATING PREGNANCY, SECOND TRIMESTER	Family Medicine	Approved	1		0		0
FETAL CHRMOML ANEUPLOIDY	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Facility	Approved	1		0		0

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FETAL CHROMOML ANEUPLOIDY	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, FIRST TRIMESTER	Ancillary	Approved	2		0		0
FETAL CHROMOML ANEUPLOIDY	ENCOUNTER FOR ANTENATAL SCREENING, UNSPECIFIED	Facility	Approved	1		0		0
FETAL CHROMOML ANEUPLOIDY	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Facility	Approved	2		0		0
FETAL CHROMOML ANEUPLOIDY	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Ancillary	Approved	1		0		0
FETAL CHROMOML ANEUPLOIDY	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER	Ancillary	Approved	1		0		0
FETAL CHROMOML MICRODEL TJ	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FETAL CHROMOML MICRODEL TJ	ORTHOSTATIC HYPOTENSION	Pediatrics	Denied	1	Services are not medically necessary	1		0
FETAL CHROMOML MICRODEL TJ	PREGNANT STATE, INCIDENTAL	Ancillary	Denied	1	Services are not medically necessary	1		0
FETAL CHROMOML MICRODEL TJ	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
FETAL CHROMOML MICRODEL TJ	SUPERVISION OF ELDERLY MULTIGRAVIDA, THIRD TRIMESTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
FETAL CHROMOML MICRODEL TJ	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, FIRST TRIMESTER	Ancillary	Denied	2	Services are not medically necessary	2		0
FETAL CHROM ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQ ANALY PANEL, CIRCUL CELL-FREE FE;	O09.291 - Supervision of pregnancy with other poor reproductive or obstetric history, first trimester	OB/Gyn	Approved	1		0		0
FETAL NON-STRESS TEST	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Facility	Approved	1		0		0
FETZIMA	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Dermatology		0		0	Approved	1
FETZIMA ER 120 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
FETZIMA ER 20 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
FETZIMA ER 20 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	1		0		0
FETZIMA ER 20 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
FETZIMA ER 40 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
FETZIMA ER 80 MG CAPSULE	DYSTHYMIC DISORDER	Psychiatry	Approved	1		0		0
FETZIMA ER 80 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	1		0		0
FFR Data preparation and transmission	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	1		0		0
FFR Data preparation and transmission	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
FFR Data preparation and transmission	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
FFR Data preparation and transmission	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
FFR Data preparation and transmission	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
FFR Data preparation and transmission	HYPOTHYROIDISM UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
FFR Data preparation and transmission	OTHER CHEST PAIN	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
FFR Data preparation and transmission	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
FFR Data preparation and transmission	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
FIASP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician		0		0	Approved	1

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FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Adult Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	4		0		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
FIASP 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
FIASP 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
FIBULA BONE GRAFT MICROVASC	OTH CONGEN MALFORM OF UPPER LIMB(S), INC SHOULDER GIRDLE	Facility	Approved	1		0		0
FILTER, NON DISPOSABLE W PAP	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
FILTER, NON DISPOSABLE W PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	7		0		0
FINASTERIDE 1 MG TABLET	ANDROGENIC ALOPECIA, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
FINASTERIDE 1 MG TABLET	ANDROGENIC ALOPECIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FINASTERIDE 1 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMP	Family Medicine	Denied	1	Services are not medically necessary	1		0
FINASTERIDE 1 MG TABLET	NONSCARRING HAIR LOSS, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
FINASTERIDE 1 MG TABLET	OTHER ALOPECIA AREATA	Dermatology	Denied	2	Services are not medically necessary	2		0
FINASTERIDE 1 MG TABLET	OTHER ANDROGENIC ALOPECIA	Dermatology	Denied	2	Services are not medically necessary	2		0
FINE NEEDLE ASPIRATION BIOPSY, INCL US GUIDANCE; FIRST LESION	E04.2 - Nontoxic multinodular goiter	Pediatric Endocrinology	Approved	1		0		0
FIORINAL-COD 30-50-325-40 CAP	CERVICALGIA	Pain Management	Approved	1		0		0
FIORINAL-COD 30-50-325-40 CAP	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	1		0		0
FIRAZYR 30 MG/3 ML SYRINGE	DEFECTS IN THE COMPLEMENT SYSTEM	Pediatric Allergy & Immunology	Denied	1	Services are not medically necessary	1		0
FIRST-LANSOPRAZOLE 3 MG/ML	OTHER VOICE AND RESONANCE DISORDERS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
FIRVANQ 50 MG/ML SOLUTION	OTHER BACTERIAL INFECTIONS OF UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
FISTULA REPAIR TRANSPERINE	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	Facility	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
FIXATION OF ANKLE JOINT	ACHILLES TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
FIXATION OF ANKLE JOINT	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Facility	Denied	1	Services are not medically necessary	1		0
FIXATION OF KNEE JOINT	ACQUIRED CLUBFOOT, RIGHT FOOT	Facility	Denied	1	Services are not medically necessary	1		0
FIXATION OF KNEE JOINT	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	ANKYLOSIS, LEFT KNEE	Ancillary	Approved	1		0		0
FIXATION OF KNEE JOINT	ANKYLOSIS, LEFT KNEE	Facility	Approved	5		0		0
FIXATION OF KNEE JOINT	ANKYLOSIS, LEFT KNEE	Facility	Denied	1	Services are not medically necessary	1		0
FIXATION OF KNEE JOINT	ANKYLOSIS, RIGHT KNEE	Facility	Approved	2		0		0
FIXATION OF KNEE JOINT	ANKYLOSIS, UNSPECIFIED JOINT	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	CONTRACTURE, RIGHT KNEE	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Approved	1		0		0
FIXATION OF KNEE JOINT	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	FIBROSIS DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Facility	Approved	3		0		0
FIXATION OF KNEE JOINT	OTH COMP OF INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Facility	Approved	2		0		0
FIXATION OF KNEE JOINT	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	PAIN IN RIGHT KNEE	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Facility	Approved	2		0		0
FIXATION OF KNEE JOINT	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Ancillary	Approved	1		0		0
FIXATION OF KNEE JOINT	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Facility	Approved	2		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	Facility	Approved	4		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FIXATION OF KNEE JOINT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	UNSP FRACTURE OF SHAFT OF LEFT TIBIA, INIT FOR CLOS FX	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT; REMOVE BONE FIXATION DEVICE	S83.105A - Unspecified dislocation of left knee, initial encounter	Orthopedic Surgery	Approved	2		0		0
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Ancillary	Approved	2		0		0
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Facility	Approved	1		0		0
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Ancillary	Denied	1	Services are not medically necessary	1		0
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Facility	Approved	1		0		0
FIXATION OF SHOULDER	ANKYLOSIS, RIGHT SHOULDER	Facility	Approved	1		0		0
FIXATION OF SHOULDER	BREAKDOWN (MECHANICAL) OF INTERNAL PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
FIXATION OF SHOULDER	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Facility	Approved	1		0		0
FIXATION OF SHOULDER	CONTRACTURE, LEFT SHOULDER	Facility	Approved	1		0		0
FIXATION OF SHOULDER	PAIN IN LEFT SHOULDER	Ancillary	Denied	1	Services are not medically necessary	1		0
FIXED WING AIR MILEAGE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
FIXED WING AIR MILEAGE	OTHER CIRRHOSIS OF LIVER	Ancillary	Denied	1	Services are not medically necessary	1		0
FIXED WING AIR TRANSPORT	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
FIXED WING AIR TRANSPORT	CONGENITAL HYPOPLASIA AND DYSPLASIA OF LUNG	Facility	Approved	1		0		0
FIXED WING AIR TRANSPORT	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT	Ancillary	Approved	1		0		0

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FLEBOGAMMA INJECTION	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
FLEBOGAMMA INJECTION	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	ACUTE PAIN DUE TO TRAUMA	Physician	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
FLECTOR 1.3% PATCH	CERVICALGIA	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
FLECTOR 1.3% PATCH	CONTUSION OF RIGHT FRONT WALL OF THORAX, INITIAL ENCOUNTER	Physician	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	FIBROMYALGIA	Family Medicine	Approved	1		0		0
FLECTOR 1.3% PATCH	FIBROMYALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	GLUTEAL TENDINITIS, LEFT HIP	Neuromusculoskeletal Medicine	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	LOW BACK PAIN	Family Medicine	Approved	1		0		0
FLECTOR 1.3% PATCH	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
FLECTOR 1.3% PATCH	LOW BACK PAIN	Pain Management	Approved	1		0		0
FLECTOR 1.3% PATCH	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	OTHER GENERAL SYMPTOMS AND SIGNS	Physician Assistant	Approved	1		0		0
FLECTOR 1.3% PATCH	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	OTHER SECONDARY KYPHOSIS, THORACIC REGION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	Rheumatology	Approved	1		0		0
FLECTOR 1.3% PATCH	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT	Family Medicine	Approved	1		0		0
FLECTOR 1.3% PATCH	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	TROCHANTERIC BURSITIS, LEFT HIP	Surgery, Orthopedic	Approved	1		0		0
FLEXIBLE ENDOSCOPY SWALLOW TST (FEES); INTERPRETATION AND REPORT ONLY	G47.33 - Obstructive sleep apnea (adult) (pediatric)	Otolaryngology	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF RIGHT FOOT	Ancillary	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	ANGIONEUROTIC EDEMA, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, L LOW LEG, SUBS	Ancillary	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, SUBS	Ancillary	Approved	1		0		0
FLOVENT 100 MCG DISKUS	CHRONIC MAXILLARY SINUSITIS	Internal Medicine	Approved	1		0		0
FLOVENT 50 MCG DISKUS	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Approved	1		0		0
FLOVENT 50 MCG DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 110 MCG INHALER	CHEST PAIN, UNSPECIFIED	Pediatrics	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	COUGH	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 110 MCG INHALER	COUGH VARIANT ASTHMA	Pediatrics	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pediatric Pulmonology	Approved	1		0		0

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FLOVENT HFA 110 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 110 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Physician	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Nurse Practitioner	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	2		0		0
FLOVENT HFA 110 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 110 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	SIMPLE CHRONIC BRONCHITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 220 MCG INHALER	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 220 MCG INHALER	EOSINOPHILIC ESOPHAGITIS	Allergy/Immunology	Approved	1		0		0
FLOVENT HFA 220 MCG INHALER	EOSINOPHILIC ESOPHAGITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 220 MCG INHALER	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Denied	3	Services are not medically necessary	3		0
FLOVENT HFA 220 MCG INHALER	EOSINOPHILIC ESOPHAGITIS	Pediatric Allergy & Immunology	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 44 MCG INHALER	ACUTE BRONCHIOLITIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	ACUTE BRONCHITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 44 MCG INHALER	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	COUGH	Allergy/Immunology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	COUGH	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 44 MCG INHALER	COUGH	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 44 MCG INHALER	COUGH	Pediatrics	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	COUGH VARIANT ASTHMA	Pediatrics	Approved	2		0		0
FLOVENT HFA 44 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Approved	4		0		0
FLOVENT HFA 44 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 44 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	2		0		0
FLOVENT HFA 44 MCG INHALER	MILD PERSISTENT ASTHMA	Allergy/Immunology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Approved	2		0		0
FLOVENT HFA 44 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	3		0		0
FLOVENT HFA 44 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	4		0		0
FLOVENT HFA 44 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 44 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Allergy & Immunology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	SIMPLE CHRONIC BRONCHITIS	Pediatrics	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
FLOWCYTOMETRY/ TC, 1 MARKER; FLOWCYTOMETRY/TC, ADD-ON	C90.00 - Multiple myeloma not having achieved remission	Oncology	Approved	1		0		0
FLOWCYTOMETRY/TC ADD-ON	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
FLOWERAMNIOPATCH, PER SQ CM	NON-PRS CHRONIC ULCER OTH PRT R FOOT LIMITED TO BRKDNW SKIN	Podiatry	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
FLOWERAMNIOPATCH, PER SQ CM	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Podiatry	Denied	1	Services are not medically necessary	1		0
FLT3 GENE	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FLT3 GENE ANALYSIS	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Ancillary	Denied	1	Services are not medically necessary	1		0
FLT3 GENE ANALYSIS	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Denied	1	Services are not medically necessary	1		0
FLT3 GENE ANALYSIS	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
FLT3 GENE ANALYSIS	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
FLT3 GENE ANALYSIS	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FLT3 GENE ANALYSIS	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
FLUDARABINE PHOSPHATE INJ	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE	Facility	Approved	1		0		0
FLUDARABINE PHOSPHATE INJ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
FLUDARABINE PHOSPHATE INJ	NODULAR SCLER HODGKIN LYMPH, EXTRNOD AND SOLID ORGAN SITES	Facility	Denied	1	Services are not medically necessary	1		0
FLUDARABINE PHOSPHATE INJ	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Facility	Approved	1		0		0
FLUOCINONIDE 0.1% CREAM	DYSHIDROSIS [POMPHOLYX]	Dermatology	Approved	1		0		0
FLUOCINONIDE 0.1% CREAM	PAIN IN UNSPECIFIED FOOT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FLUOCINONIDE 0.1% CREAM	PRURIGO NODULARIS	Physician Assistant	Approved	1		0		0
FLUOCINONIDE 0.1% CREAM	TINEA PEDIS	Podiatry	Approved	1		0		0
FLUOCINONIDE 0.1% CREAM	UNSPECIFIED CONTACT DERMATITIS DUE TO PLANTS, EXCEPT FOOD	Family Medicine	Approved	1		0		0
FLUOCINONIDE 0.1% CREAM	UNSPECIFIED CONTACT DERMATITIS, UNSPECIFIED CAUSE	Family Medicine	Approved	1		0		0
FLUOCINONIDE 0.1% CREAM	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Plastic	Approved	1		0		0
FLUORO INJECT HIP/KNEE/SHOULDER	M25.552 - Left hip pain	Orthopedic Surgery	Approved	1		0		0
FLUORO INJECT HIP/KNEE/SHOULDER	M75.01 - Adhesive capsulitis of right shoulder	Orthopedic Surgery	Approved	1		0		0
FLUORO INJECT HIP/KNEE/SHOULDER	M75.02 - Adhesive capsulitis of left shoulder	Orthopedic Surgery	Approved	1		0		0
FLUOROGUIDE FOR SPINE INJECT	CHRONIC PAIN SYNDROME	AMBULATORY SURGERY CENTER	Approved	1		0		0
FLUOROGUIDE FOR SPINE INJECT	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Facility	Approved	1		0		0
FLUOROGUIDE FOR SPINE INJECT	HURLER'S SYNDROME	Other	Denied	1	Services are not medically necessary	1		0
FLUOROGUIDE FOR SPINE INJECT	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
FLUOROGUIDE FOR SPINE INJECT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	HOSPITAL	Approved	1		0		0
FLUOROGUIDE FOR SPINE INJECT	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
FLUOROGUIDE FOR SPINE INJECT	RADICULOPATHY, LUMBAR REGION	AMBULATORY SURGERY CENTER	Approved	1		0		0
FLUOROGUIDE FOR SPINE INJECT	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	AMBULATORY SURGERY CENTER	Approved	1		0		0
FLUOROGUIDE FOR SPINE INJECT	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Family Medicine	Approved	1		0		0
FLUOROGUIDE FOR SPINE INJECT	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
FLUOROGUIDE FOR VEIN DEVICE	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Facility	Approved	1		0		0
FLUOROGUIDE FOR VEIN DEVICE	CHRONIC KIDNEY DISEASE, STAGE 1	Facility	Approved	1		0		0
FLUOROGUIDE FOR VEIN DEVICE	DIARRHEA, UNSPECIFIED	Facility	Approved	1		0		0
FLUOROGUIDE FOR VEIN DEVICE	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	Facility	Approved	1		0		0
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	2		0		0

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FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
FLUOROGUIDE FOR VEIN DEVICE	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
FLUOROGUIDE FOR VEIN DEVICE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	1		0		0
FLUOROSCOPE EXAM EXTENSIVE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
FLUOROURACIL INJECTION	FEVER, UNSPECIFIED	Family Medicine	Approved	2		0		0
FLUOROURACIL INJECTION	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	2		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF ASCENDING COLON	Family Medicine	Approved	4		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF BODY OF STOMACH	Family Medicine	Approved	2		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Oncology	Approved	2		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Facility	Approved	1		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Hematology	Approved	1		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF RECTUM	Internal Medicine	Approved	1		0		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF SIGMOID COLON	Family Medicine	Approved	4		0		0
FLUOROURACIL INJECTION	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Family Medicine	Approved	2		0		0
FLUOROURACIL INJECTION	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	Ancillary	Approved	1		0		0
FLUOROURACIL INJECTION	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	Family Medicine	Approved	2		0		0
FLUOROURACIL INJECTION	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
FLUOXETINE HCL 40 MG CAPSULE	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
FLURANDRENOLIDE 0.05% LOTION	DERMATITIS, UNSPECIFIED	Surgery, General	Approved	1		0		0
FLURANDRENOLIDE 0.05% LOTION	UNSP ADVERSE EFFECT OF DRUG OR MEDICAMENT, INIT ENCNR	Dermatology	Approved	1		0		0
FMR1 GENE CHARAC ALLELES	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Ancillary	Denied	2	Services are not medically necessary	2		0
FMR1 GENE DETECTION	AUTISTIC DISORDER	Ancillary	Approved	12		0		0
FMR1 GENE DETECTION	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	1		0		0
FMR1 GENE DETECTION	ENCEPHALOPATHY, UNSPECIFIED	Ancillary	Approved	2		0		0
FMR1 GENE DETECTION	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	Ancillary	Denied	2	Services are not medically necessary	2		0
FMR1 GENE DETECTION	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	Ancillary	Denied	6	Services are not medically necessary	6		0
FMR1 GENE DETECTION	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	ENCOUNTER FOR ANTENATAL SCREENING FOR CERVICAL LENGTH	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	2	Services are not medically necessary	2		0
FMR1 GENE DETECTION	ENCOUNTER FOR OTHER SPECIFIED ANTENATAL SCREENING	Ancillary	Denied	2	Services are not medically necessary	2		0
FMR1 GENE DETECTION	ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE	Ancillary	Approved	1		0		0
FMR1 GENE DETECTION	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Approved	2		0		0
FMR1 GENE DETECTION	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Denied	6	Services are not medically necessary	6		0

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FMR1 GENE DETECTION	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	MACROCEPHALY	Ancillary	Approved	1		0		0
FMR1 GENE DETECTION	MATERNAL CARE FOR (SUSPECTED) CNSL MALFORM IN FETUS, UNSP	Ancillary	Approved	1		0		0
FMR1 GENE DETECTION	OTHER PRIMARY OVARIAN FAILURE	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY PRIMIGRAVIDA, UNSPECIFIED TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	TRANSIENT ALTERATION OF AWARENESS	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Approved	2		0		0
FMR1 GENE DETECTION	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	UNSPECIFIED INTELLECTUAL DISABILITIES	Ancillary	Approved	1		0		0
FMR1 GENE DETECTION	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Approved	1		0		0
FOCALIN 10 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
FOCALIN 2.5 MG TABLET	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	1		0		0
FOCALIN XR 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 15 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
FOCALIN XR 15 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 15 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	2		0		0
FOCALIN XR 15 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 15 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
FOCALIN XR 15 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
FOCALIN XR 20 MG CAPSULE		Pediatrics	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
FOCALIN XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0

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FOCALIN XR 20 MG CAPSULE	AUTISTIC DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 30 MG CAPSULE		Pediatrics	Approved	1		0		0
FOCALIN XR 30 MG CAPSULE		Psychiatry, Child & Adolescent	Approved	1		0		0
FOCALIN XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
FOCALIN XR 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
FOCALIN XR 5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
FOLBEE TABLET	VITAMIN B DEFICIENCY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
FOLBIC TABLET	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
FOLBIC TABLET	VITAMIN B DEFICIENCY, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FOLIKA-T TABLET	DEFICIENCY OF OTHER VITAMINS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FOLLISTIM AQ 900 UNIT CARTRIDG	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	Reproductive Endocrinology/Infertility	Approved	1		0		0
FOLLISTIM AQ 900 UNIT CARTRIDG	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
FOLLISTIM AQ 900 UNIT CARTRIDG	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
FOLLISTIM AQ 900 UNIT CARTRIDG	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
FOLLISTIM AQ 900 UNIT CARTRIDG	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	2	Services are not medically necessary	2		0
FOLLOW-UP SURGERY OF EYE	OTH POSTPROC COMP AND DISORDERS OF EYE AND ADNEXA, NEC	Facility	Approved	1		0		0
FOLLOW-UP SURGERY OF EYE	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
FONDAPARINUX 7.5 MG/0.6 ML SYR	OTHER PRIMARY THROMBOPHILIA	Hematology	Approved	1		0		0
FOOT ARCH SUPP PREMOLD METAT	METATARSALGIA, RIGHT FOOT	Ancillary	Approved	1		0		0
FOOT DROP SPLINT PRE OTS	PAIN IN LEFT FOOT	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	CHEST PAIN ON BREATHING	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	CONGENITAL PES CAVUS	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	CONGENITAL PES PLANUS, LEFT FOOT	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	CONGENITAL TALIPES CALCANEVALGUS	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	METATARSALGIA, LEFT FOOT	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	OTHER SPECIFIED JUVENILE OSTEOCHONDROSIS	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	Ancillary	Approved	1		0		0
FOOT LONGITUD/METATARSAL SUP	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Ancillary	Approved	1		0		0
FOOT LONGITUDINAL ARCH SUPPO	CONGENITAL PES PLANUS, RIGHT FOOT	Ancillary	Approved	1		0		0
FOOT/TOES SURGERY PROCEDURE	SHORT ACHILLES TENDON (ACQUIRED), LEFT ANKLE	Facility	Approved	1		0		0
FOOT/TOES SURGERY PROCEDURE	SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE	Facility	Approved	1		0		0
FOOT/TOES SURGERY PROCEDURE	TARSAL TUNNEL SYNDROME, BILATERAL LOWER LIMBS	Facility	Denied	1	Services are not medically necessary	1		0
FOOT/TOES SURGERY PROCEDURE	UNSP FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	Facility	Denied	1	Services are not medically necessary	1		0
FOREHEAD FLAP W/VASC PEDICLE	BASAL CELL CARCINOMA SKIN/ RIGHT LOWER EYELID, INC CANTHUS	Ancillary	Approved	1		0		0

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FOREHEAD FLAP W/VASC PEDICLE	OTH MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PARTS OF FACE	Ancillary	Approved	1		0		0
FORFIVO XL 450 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
FORTEO 600 MCG/2.4 ML PEN INJ	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Approved	1		0		0
FORTEO 600 MCG/2.4 ML PEN INJ	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Surgery, Orthopedic	Approved	1		0		0
FORTEO 600 MCG/2.4 ML PEN INJ	OTH OSTEOPOR W CRNT PATH FX, VERTEB, 7THD	Internal Medicine	Approved	1		0		0
FORTEO 600 MCG/2.4 ML PEN INJ	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Approved	1		0		0
FORTESTA 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FORTESTA 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
FORTESTA 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
FOSAMAX 70 MG TABLET	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Denied	1	Services are not medically necessary	1		0
FOSAPREPITANT 150 MG VIAL	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
FOSAPREPITANT INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Family Medicine	Approved	1		0		0
FOSAPREPITANT INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Family Medicine	Approved	1		0		0
FOSAPREPITANT INJECTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
FOSAPREPITANT INJECTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
FOSAPREPITANT INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
FOSAPREPITANT INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Denied	1	Services are not medically necessary	1		0
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	1		0		0
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF RECTUM	Hematology	Approved	1		0		0
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
FOSAPREPITANT INJECTION	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Family Medicine	Approved	1		0		0
FRAGMENTING OF KIDNEY STONE	CALCULUS OF KIDNEY	Ancillary	Approved	11		0		0
FRAGMENTING OF KIDNEY STONE	CALCULUS OF KIDNEY	Facility	Approved	2		0		0
FRAGMENTING OF KIDNEY STONE	CALCULUS OF URETER	Ancillary	Approved	2		0		0
FRAGMENTING OF KIDNEY STONE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
FRAGMENTING OF KIDNEY STONE	OTHER DISORDERS OF LUNG	Ancillary	Approved	1		0		0
FRAME TYP SOCKET BEL ELBOW/W	COMPLETE TRAUMATIC MCP AMPUTATION OF FINGER, SUBS	Ancillary	Approved	1		0		0
FREE FASCIAL FLAP MICROVASC	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Facility	Approved	1		0		0
FREE FASCIAL FLAP MICROVASC	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
FREE MYO/SKIN FLAP MICROVASC	MALIGNANT NEOPLASM OF MAXILLARY SINUS	Surgery, Plastic	Approved	1		0		0
FREE MYO/SKIN FLAP MICROVASC	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	Facility	Approved	1		0		0
FREE MYO/SKIN FLAP MICROVASC	PERSONAL HISTORY OF IRRADIATION	Facility	Approved	1		0		0
FREE SKIN FLAP MICROVASC	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
FREE SKIN FLAP MICROVASC	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Other	Approved	1		0		0

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FREE SKIN FLAP MICROVASC	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	1		0		0
FREE SKIN FLAP MICROVASC	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Facility	Approved	1		0		0
FREEDING OF BOWEL ADHESION	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
FREEDING OF BOWEL ADHESION	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Facility	Approved	1		0		0
FREEDING OF BOWEL ADHESION; ANCILLARY ANESTHESIOLOGIST	K66.0 - Peritoneal adhesions (postprocedural) (postinfection)	General Surgery	Approved	1		0		0
FREESTYLE INSULINX TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
FREESTYLE LIBRE 10 DAY SENSOR	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 10 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 10 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY READER	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY READER	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY READER	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR		Endocrinology And Metabolism	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR		Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
FREESTYLE LIBRE 14 DAY SENSOR		Family Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR		Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR		Internal Medicine	Approved	3		0		0
FREESTYLE LIBRE 14 DAY SENSOR	DIABETES DUE TO UNDERLYING CONDITION W/O COMPLICATIONS	Pediatric Endocrinology	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	GESTATIONAL DIABETES IN PREGNANCY, INSULIN CONTROLLED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	OTH DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE	Internal Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
FREESTYLE LIBRE 14 DAY SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0

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FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	7	Services are not medically necessary	7		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	6	Services are not medically necessary	6		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	3	Services are not medically necessary	3		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH OTH CIRCULATORY COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Pediatrics	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Physician	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	4	Services are not medically necessary	4		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	6	Services are not medically necessary	6		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE LITE TEST STRIP		Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LITE TEST STRIP	TYPE 1 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LITE TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LITE TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	1		0		0
FREESTYLE LITE TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
FREESTYLE LITE TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Approved	1		0		0
FREESTYLE LITE TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LITE TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
FREESTYLE LITE TEST STRIP NFRS	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE PREC NEO TEST STRIPS	ILLNESS, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE PREC NEO TEST STRIPS	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Approved	2		0		0
FREESTYLE PREC NEO TEST STRIPS	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE PREC NEO TEST STRIPS	PRE-EXISTING TYPE 2 DIABETES, IN PREGNANCY, FIRST TRIMESTER	Family Medicine	Approved	1		0		0

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FREESTYLE PREC NEO TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Approved	1		0		0
FREESTYLE PREC NEO TEST STRIPS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE TEST STRIPS		Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE TEST STRIPS	ILLNESS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	10		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	8		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatrics	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	3		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Approved	4		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	3		0		0
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	AUTISTIC DISORDER	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory	Approved	2		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC FATIGUE, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	COUGH	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	DEVIATED NASAL SEPTUM	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	3		0		0

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FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	4	Services are not medically necessary	4		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPOXEMIA	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	INSOMNIA, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	MIXED HYPERLIPIDEMIA	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	NARCOLEPSY WITH CATAPLEXY	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE [LDH]	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	303		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	520	Services are not medically necessary	520		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER HYPERSOMNIA	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SLEEP DISORDERS	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SLEEP DISORDERS	Respiratory	Denied	3	Services are not medically necessary	3		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PARASOMNIA, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Approved	5		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Denied	3	Services are not medically necessary	3		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	RECURRENT ISOLATED SLEEP PARALYSIS	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SHORTNESS OF BREATH	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	17		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	31	Services are not medically necessary	31		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	2		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Approved	4		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Denied	6	Services are not medically necessary	6		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SOMNOLENCE	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	TRANSIENT ALTERATION OF AWARENESS	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	UNSPECIFIED ATRIAL FIBRILLATION	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	UNSPECIFIED CONVULSIONS	Respiratory	Approved	1		0		0
FULPHILA 6 MG/0.6 ML SYRINGE	NEUTROPENIA, UNSPECIFIED	Oncology	Approved	1		0		0
FUNC ELEC STIM, TRANSCUTANEOUS STIM OF NERVE AND/OR	OTHER ACUTE POSTPROCEDURAL PAIN	DME	Denied	1	Services are not medically necessary	1		0
FUNCTIONAL ELECTRIC STIM NOS	RADICULOPATHY, CERVICAL REGION	Chiropractic	Denied	1	Services are not medically necessary	1		0
FUNCTIONAL ELECTRIC STIM NOS	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
FUROSEMIDE INJECTION	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Family Medicine	Approved	2		0		0
FUROSEMIDE INJECTION	E87.79 - Other fluid overload	Hematology/Oncology	Approved	1		0		0
FUROSEMIDE INJECTION	FLUID OVERLOAD, UNSPECIFIED	Family Medicine	Approved	1		0		0
FUROSEMIDE INJECTION	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	4		0		0
FUROSEMIDE INJECTION	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
FUROSEMIDE INJECTION	I50.9 - Heart failure, unspecified	Cardiology	Approved	1		0		0
FUROSEMIDE INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	1		0		0
FUROSEMIDE INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	Family Medicine	Approved	1		0		0
FUROSEMIDE INJECTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	2		0		0
FUROSEMIDE INJECTION	SECONDARY MALIGNANT NEOPLASM OF R KIDNEY AND RENAL PELVIS	Family Medicine	Approved	1		0		0
FUSE HAND BONES WITH GRAFT	OTHER CEREBRAL PALSY	Other	Denied	1	Services are not medically necessary	1		0
FUSION OF ANKLE JOINT OPEN	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	Facility	Approved	2		0		0
FUSION OF ANKLE JOINT OPEN	MECH COMPL OF INTERNAL PROSTH DEV/GRFT, INIT	HOSPITAL	Approved	1		0		0
FUSION OF ANKLE JOINT OPEN	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	HOSPITAL	Approved	1		0		0
FUSION OF BIG TOE JOINT	BUNION OF RIGHT FOOT	Ancillary	Approved	1		0		0

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FUSION OF BIG TOE JOINT	HALLUX VALGUS (ACQUIRED), LEFT FOOT	Ancillary	Approved	1		0		0
FUSION OF BIG TOE JOINT	HALLUX VARUS (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
FUSION OF BIG TOE JOINT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
FUSION OF BIG TOE JOINT	OTHER DEFORMITIES OF TOE(S) (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
FUSION OF BIG TOE JOINT	OTHER INSTABILITY, LEFT FOOT	Ancillary	Approved	1		0		0
FUSION OF BIG TOE JOINT	PAIN IN LEFT FOOT	Ancillary	Approved	1		0		0
FUSION OF FOOT BONES	BUNION OF UNSPECIFIED FOOT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	CONGENITAL VERTICAL TALUS DEFORMITY, LEFT FOOT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	DISLOCATION OF TARSOMETATARSAL JOINT OF LEFT FOOT, INIT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	DISLOCATION OF TARSOMETATARSAL JOINT OF RIGHT FOOT, INIT	Facility	Approved	2		0		0
FUSION OF FOOT BONES	DISP FX OF 5TH METATARSAL BONE, R FT, SUBS FOR FX W NONUNION	Facility	Approved	1		0		0
FUSION OF FOOT BONES	FRACTURE OF UNSP METATARSAL BONE(S), LEFT FOOT, INIT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	Facility	Denied	1	Services are not medically necessary	1		0
FUSION OF FOOT BONES	OTHER INSTABILITY, LEFT FOOT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Facility	Approved	2		0		0
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	Ancillary	Approved	1		0		0
FUSION OF FOOT BONES	SHORT ACHILLES TENDON (ACQUIRED), LEFT ANKLE	Other	Denied	1	Services are not medically necessary	1		0
FUSION OF FOOT BONES	SPRAIN OF TARSOMETATARSAL LIGAMENT OF RIGHT FOOT, SUBS	Facility	Approved	1		0		0
FUSION OF FOOT BONES	UNSPECIFIED ACQUIRED DEFORMITY OF LEFT LOWER LEG	Ancillary	Approved	1		0		0
FUSION OF HAND BONES	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED CARPUS	Ancillary	Approved	1		0		0
FUSION OF HAND BONES; ANCHOR/SCREW BN/BN,TIS/BN; ANCHOR/SCREW BN/BN,TIS/BN	M87.039 - Idiopathic aseptic necrosis of unspecified carpus	Hand Surgery Orthopedics	Approved	1		0		0
FUSION OF SKULL ARTERIES	MOYAMOYA DISEASE	Other	Approved	1		0		0
FUSION OF STOMACH AND BOWEL	DVTRCLI OF SM INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	1		0		0
FUSION OF STOMACH AND BOWEL	GASTROPARESIS	Facility	Denied	1	Services are not medically necessary	1		0
FUSION OF STOMACH AND BOWEL	HEARTBURN	Other	Approved	3		0		0
FUSION OF STOMACH AND BOWEL	PAIN IN UNSPECIFIED JOINT	Facility	Approved	1		0		0
FXJL ABL LSR 1ST 100 SQ CM	BURN OF THIRD DEGREE OF LEFT HAND, UNSPECIFIED SITE, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
FXJL ABL LSR 1ST 100 SQ CM	SCAR CONDITIONS AND FIBROSIS OF SKIN	Facility	Approved	1		0		0
FXJL ABL LSR EA ADDL 100SQCM	BURN OF THIRD DEGREE OF LEFT HAND, UNSPECIFIED SITE, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
FXJL ABL LSR EA ADDL 100SQCM	SCAR CONDITIONS AND FIBROSIS OF SKIN	Facility	Approved	1		0		0
FYCOMPA 0.5 MG/ML ORAL SUSP	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
FYCOMPA 2 MG TABLET	DI GEORGE'S SYNDROME	Pediatric Neurology	Approved	1		0		0
G0297 (Low dose CT scan (LDCT) for lung cancer screening), G0297 (Low dose CT scan (LDCT) for lung cancer screening),	PERSONAL HISTORY OF NICOTINE DEPENDENCE(G0297),Unknown(G0297),	Imaging		0		0	Denied	2

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G6PD GENE ALYS CMN VARIANT	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
GABAPENTIN 100 MG CAPSULE	HEADACHE	Neurology	Approved	1		0		0
GABAPENTIN 250 MG/5 ML SOLN	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Internal Medicine	Approved	1		0		0
GAIT TRAINING THERAPY	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
GAIT TRAINING THERAPY	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
GAIT TRAINING THERAPY	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
GAIT TRAINING THERAPY	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
GAIT TRAINING THERAPY	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
GAMMAGARD	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Cardiovascular Disease		0		0	Approved	1
GAMMAGARD	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Allergy/Immunology		0		0	Approved	1
GAMMAGARD	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Endocrinology And Metabolism		0		0	Approved	1
GAMMAGARD	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Emergency Medicine		0		0	Denied	1
GAMMAGARD LIQUID	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Dermatology		0		0	Approved	1
GAMMAGARD LIQUID	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Internal Medicine		0		0	Denied	1
GAMMAGARD LIQUID	Other specified disorders of white blood cells	Dermatology		0		0	Denied	1
GAMMAGARD LIQUID 10% VIAL	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	6		0		0
GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
GAMMAGARD LIQUID INJECTION	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Clinical Neurophysiology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Pediatric Rheumatology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Pediatric Rheumatology	Denied	1	Services are not medically necessary	1		0
GAMMAGARD LIQUID INJECTION	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Pediatrics	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSD ELSWHR	Internal Medicine	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Facility	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Hematology	Denied	1	Services are not medically necessary	1		0
GAMMAGARD LIQUID INJECTION	IMMUNODEFICIENCY ASSOCIATED WITH MAJOR DEFECT, UNSPECIFIED	Ancillary	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	IMMUNODEFICIENCY WITH PREDOMINANTLY ANTIBODY DEFECTS, UNSP	Hospice And Palliative Medicine	Denied	1	Services are not medically necessary	1		0
GAMMAGARD LIQUID INJECTION	IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMMAGARD LIQUID INJECTION	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	4		0		0
GAMMAGARD LIQUID INJECTION	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
GAMMAGARD LIQUID INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	NECROTIZING FASCIITIS	Facility	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	6		0		0
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Denied	2	Services are not medically necessary	2		0

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GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Hematology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Oncology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	3		0		0
GAMMAGARD LIQUID INJECTION	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMMAGARD LIQUID INJECTION	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMMAGARD LIQUID INJECTION	OTHER SPECIFIED IMMUNODEFICIENCIES	Infectious Disease	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	OTHER SPECIFIED POLYNEUROPATHIES	Ancillary	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Clinical Neurophysiology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Internal Medicine	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	STIFF-MAN SYNDROME	Facility	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	THROMBOCYTOPENIA, UNSPECIFIED	Oncology	Denied	1	Services are not medically necessary	1		0
GAMMAKED 20 GRAM/200 ML VIAL	DRUG-INDUCED MYOPATHY	Rheumatology	Approved	1		0		0
GAMMAPLEX INJECTION	ANTIPHOSPHOLIPID SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMUNEX	OTHER DISORDERS OF NERVOUS SYSTEM	Oncology		0		0	Denied	1
GAMUNEX	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION	Psychiatry		0		0	Approved	1
GAMUNEX-C	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Physician		0		0	Approved	1
GAMUNEX-C	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Neurology		0		0	Approved	1
GAMUNEX-C 10 GRAM/100 ML VIAL	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Physician Assistant	Approved	1		0		0
GAMUNEX-C 40 GRAM/400 ML VIAL	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Neurology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Physician Assistant	Approved	1		0		0
GAMUNEX-C/GAMMAKED	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	AMYOTROPHIC LATERAL SCLEROSIS	Facility	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Neurology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	BENIGN NEOPLASM OF THYMUS	Family Medicine	Approved	1		0		0
GAMUNEX-C/GAMMAKED	CELLULITIS OF RIGHT LOWER LIMB	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	18		0		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Denied	3	Services are not medically necessary	3		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Counseling	Approved	1		0		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Facility	Approved	2		0		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Neurology	Approved	6		0		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Neurology	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Obstetrics/Gynecology	Approved	2		0		0
GAMUNEX-C/GAMMAKED	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	COMBINED IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	COMBINED IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0

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GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Family Medicine	Approved	1		0		0
GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Internal Medicine	Approved	1		0		0
GAMUNEX-C/GAMMAKED	COUGH	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	3		0		0
GAMUNEX-C/GAMMAKED	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Counseling	Approved	2		0		0
GAMUNEX-C/GAMMAKED	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	DIARRHEA, UNSPECIFIED	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	DRUG-INDUCED MYOPATHY	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	DRUG-INDUCED MYOPATHY	Rheumatology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	LUNG TRANSPLANT STATUS	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	MULTIPLE MYELOMA IN REMISSION	Family Medicine	Approved	1		0		0
GAMUNEX-C/GAMMAKED	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	3		0		0
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Neurology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Family Medicine	Approved	3		0		0
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Allergy/Immunology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Facility	Approved	2		0		0
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Facility	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	OTH VIRAL AGENTS AS THE CAUSE OF DISEASES CLASSD ELSWHR	Infectious Disease	Approved	1		0		0
GAMUNEX-C/GAMMAKED	OTHER IRREGULAR EYE MOVEMENTS	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	OTHER SPECIFIED POLYNEUROPATHIES	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	POLYMYOSITIS WITH MYOPATHY	Clinical Neurophysiology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	POLYMYOSITIS WITH MYOPATHY	Neurology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Rheumatology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	STIFF-MAN SYNDROME	Family Medicine	Approved	1		0		0
GAMUNEX-C/GAMMAKED	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
GAMUNEX-C/GAMMAKED	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0

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GANIRELIX ACET 250 MCG/0.5 ML	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
Gastric Cancer	Malignant neoplasm of lesser curvature of stomach, unspecified	RADIATION ONCOLOGY	Approved	1		0		0
Gastric Cancer	Malignant neoplasm of overlapping sites of stomach	Other	Denied	1	Services are not medically necessary	1		0
GASTRIC EMPTYING IMAG STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	3		0		0
GASTRIC EMPTYING IMAG STUDY	OVERACTIVE BLADDER	Family Medicine	Approved	1		0		0
GASTRIC EMPTYING IMAG STUDY	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	1		0		0
GASTRIC EMPTYING IMAG STUDY	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
GASTRIC EMPTYING IMAG STUDY	UNSPECIFIED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
GASTRO/JEJUNO TUBE, LOW-PRO	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	1		0		0
GASTRO/JEJUNO TUBE, LOW-PRO	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
GASTRO/JEJUNO TUBE, LOW-PRO	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
GASTRO/JEJUNO TUBE, LOW-PRO	FUNCTIONAL INTESTINAL DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
GASTRO/JEJUNO TUBE, LOW-PRO	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
GASTRO/JEJUNO TUBE, LOW-PRO	TRACHEOSTOMY STATUS	Ancillary	Approved	2		0		0
GASTROENTEROLOGY PROCEDURE	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	1		0		0
GASTROESOPHAGEAL REFLUX TEST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
GASTROESOPHAGEAL REFLUX TEST	K21.9 - Gastroesophageal reflux disease, esophagitis presence not specified; K44.9 - Hiatal hernia	Gastroenterology	Approved	1		0		0
GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRETATION AND REPORT	Carcinoid syndrome	Surgery, Orthopedic		0		0	Denied	1
GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRETATION AND REPORT	Generalized abdominal pain	Obstetrics/Gynecology		0		0	Denied	1
GASTROPLASTY DUODENAL SWITCH	IRREGULAR MENSTRUATION, UNSPECIFIED	Facility	Approved	1		0		0
GASTROPLASTY DUODENAL SWITCH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
GATTEX 5 MG 30-VIAL KIT	POSTSURGICAL MALABSORPTION, NOT ELSEWHERE CLASSIFIED	Gastroenterology	Approved	1		0		0
GEL ONE INJECTION	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic		0		0	Approved	1
GELNIQUE 10% GEL SACHETS	OVERACTIVE BLADDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
GEL-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
GEL-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Denied	1	Services are not medically necessary	1		0
GEL-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
GEL-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	4	Services are not medically necessary	4		0
GEL-ONE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
GEL-ONE	PAIN IN RIGHT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	6	Services are not medically necessary	6		0
GEL-ONE 30 MG/3 ML SYRINGE		Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
GEL-ONE 30 MG/3 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
GELSYN-3	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine		0		0	Denied	1
GELSYN-3 16.8 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
GELSYN-3 16.8 MG/2 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
GELSYN-3 INJECTION 0.1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
GELSYN-3 INJECTION 0.1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
GELSYN-3 INJECTION 0.1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0

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GEN W/C CUSHION WPTH >=22 IN GEN, NEURO, HF, RECHG BAT	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Ancillary	Approved	1		0		0
	PAIN IN RIGHT LEG	Facility	Approved	1		0		0
GEN, NEURO, HF, RECHG BAT	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
GEN, NEURO, HF, RECHG BAT	RADICULOPATHY, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
GENERAL HEALTH PANEL; RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS; OFFICE/OUTPATIENT VISIT, EST; ELECTR	Z01.818 - Encounter for other preprocedural examination	Endocrinology	Approved	1		0		0
GENERATOR NEURO RECHG BAT SY	CHRONIC PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
GENERATOR, NEURO NON-RECHARG	PARKINSON'S DISEASE	Facility	Approved	2		0		0
Generator, neurostimulator (implantable), nonrechargeable	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	ANESTHESIOLOGY	Approved	1		0		0
Generator, neurostimulator (implantable), nonrechargeable	PARKINSONS DISEASE	GENERAL PRACTICE	Approved	1		0		0
Generator, neurostimulator (implantable), with rechargeable battery and charging system	CHRONIC PAIN SYNDROME	SURGERY-ORTHOPEDIC	Approved	1		0		0
GENETIC TSTG SEVERE INH COND	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
GENETIC TSTG SEVERE INH COND	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	Ancillary	Denied	2	Services are not medically necessary	2		0
GENETIC TSTG SEVERE INH COND	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
GENETIC TSTG SEVERE INH COND	ENCOUNTER FOR OTHER PROCREATIVE INVESTIGATION AND TESTING	Ancillary	Denied	1	Services are not medically necessary	1		0
GENETIC TSTG SEVERE INH COND	ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE	Ancillary	Approved	1		0		0
GENETIC TSTG SEVERE INH COND	ENCOUNTER FOR SCREENING FOR OTH SUSPECTED ENDOCRINE DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
GENETIC TSTG SEVERE INH COND	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
GENETIC TSTG SEVERE INH COND	MATERNAL CARE FOR (SUSPECTED) CNSL MALFORM IN FETUS, UNSP	Ancillary	Approved	1		0		0
GENETIC TSTG SEVERE INH COND	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
GENETIC TSTG SEVERE INH COND	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Other	Denied	1	Services are not medically necessary	1		0
GENETIC TSTG SEVERE INH COND	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	Other	Denied	1	Services are not medically necessary	1		0
GENITAL SURGERY PROCEDURE	AZOOSPERMIA DUE TO OBSTRUCTION OF EFFERENT DUCTS	Urology	Denied	1	Services are not medically necessary	1		0
GENITAL SURGERY PROCEDURE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	1	Services are not medically necessary	1		0
GENITAL SURGERY PROCEDURE	LEFT TESTICULAR PAIN	Ancillary	Approved	1		0		0
GENITAL SURGERY PROCEDURE	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
GENITAL SURGERY PROCEDURE	STRESS INCONTINENCE (FEMALE) (MALE)	Obstetrics (No GYN)	Denied	1	Services are not medically necessary	1		0
GENITAL SURGERY PROCEDURE	TESTICULAR PAIN, UNSPECIFIED	Facility	Approved	1		0		0
GENITAL SURGERY PROCEDURE	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
GENOME SEQUENCE ANALYSIS	COMPRESSION OF BRAIN	Ancillary	Denied	2	Services are not medically necessary	2		0
GENVISC 850, INJ, 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
GENVISC 850, INJ, 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
GENVISC 850, INJ, 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
GENVISC 850, INJ, 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
GENVISC 850, INJ, 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
GENVISC 850, INJ, 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
GENVOYA TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Infectious Disease	Approved	7		0		0
GENVOYA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	General Practice	Approved	1		0		0
GENVOYA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	43		0		0

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GENVOYA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	6		0		0
GEODON 40 MG CAPSULE	PAIN DISORDER WITH RELATED PSYCHOLOGICAL FACTORS	Physician	Denied	2	Services are not medically necessary	2		0
GI TRACT CAPSULE ENDOSCOPY	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
GI TRACT CAPSULE ENDOSCOPY	OTHER IRON DEFICIENCY ANEMIAS	Family Medicine	Approved	1		0		0
GI TRACT CAPSULE ENDOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
GI WIRELESS CAPSULE MEASURE	GENERALIZED ABDOMINAL PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
GI WIRELESS CAPSULE MEASURE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Neurology	Approved	12		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Nurse Practitioner	Approved	2		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Physician	Approved	2		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Physician Assistant	Approved	1		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Psychiatry	Approved	1		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Surgery, Neurological	Approved	1		0		0
GILOTRIF 40 MG TABLET	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Oncology	Approved	1		0		0
GJB2 GENE FULL SEQUENCE	AUTOIMMUNE THYROIDITIS	Facility	Approved	1		0		0
GJB2 GENE FULL SEQUENCE	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
GJB2 GENE FULL SEQUENCE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
GJB2 GENE FULL SEQUENCE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
GJB6 GENE COM VARIANTS	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
GJB6 GENE COM VARIANTS	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
GLATIRAMER 20 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
GLATIRAMER 20 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Nurse Practitioner	Approved	1		0		0
GLATIRAMER 40 MG/ML SYRINGE		Neurology	Approved	1		0		0
GLATIRAMER 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	18		0		0
GLATIRAMER 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
GLATIRAMER 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Nurse Practitioner	Approved	2		0		0
GLATIRAMER 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Physician Assistant	Approved	1		0		0
GLATOPA 20 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	3		0		0
GLATOPA 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	12		0		0
GLATOPA 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
GLATOPA 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Psychiatry	Approved	1		0		0
GLATOPA 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Sleep Medicine	Approved	1		0		0
GLAUCOMA SURGERY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
GLEEVEC 400 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Hematology	Approved	2		0		0
GLEEVEC 400 MG TABLET	GASTROINTESTINAL STROMAL TUMOR OF SMALL INTESTINE	Oncology	Approved	1		0		0
GLUCOSE BLOOD TEST	HEADACHE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
GLUMETZA ER 500 MG TABLET		Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
GLUMETZA ER 500 MG TABLET	METABOLIC SYNDROME	Endocrinology And Metabolism	Approved	1		0		0
GLUMETZA ER 500 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Approved	1		0		0
GLUMETZA ER 500 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
GLYCOPYRROLATE 1 MG TABLET	HEADACHE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
GLYCOPYRROLATE 1.5 MG TABLET	GENERALIZED HYPERHIDROSIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
GOCOVRI ER 137 MG CAPSULE	PARKINSON'S DISEASE	Neurology	Approved	1		0		0
GOCOVRI ER 137 MG CAPSULE	PARKINSON'S DISEASE	Neurology	Denied	1	Services are not medically necessary	1		0
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Ancillary	Denied	1	Services are not medically necessary	1		0

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GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Family Medicine	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	2		0		0
GOLIMUMAB FOR IV USE 1MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
GOLIMUMAB FOR IV USE 1MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
GOLIMUMAB FOR IV USE 1MG	FELTY'S SYNDROME, MULTIPLE SITES	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	HYPERTROPHY OF BREAST	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
GOLIMUMAB FOR IV USE 1MG	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	3		0		0
GOLIMUMAB FOR IV USE 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	17		0		0
GOLIMUMAB FOR IV USE 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Family Medicine	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, UNSP ANK/FT	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
GOLIMUMAB FOR IV USE 1MG	UNSPECIFIED ATHEROSCLEROSIS	Rheumatology	Approved	1		0		0
GONAL-F RFF REDI-JECT 900 UNIT	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
GONAL-F RFF REDI-JECT 900 UNIT	FEMALE INFERTILITY OF TUBAL ORIGIN	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
GOSERELIN ACETATE IMPLANT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
GR34 SEALED LEADACID BATTERY	THORACIC SPINA BIFIDA WITHOUT HYDROCEPHALUS	Ancillary	Approved	1		0		0
GRAFIX STRAVIX PRIME PL SQCM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Denied	1	Services are not medically necessary	1		0
GRAFT REPAIR OF SPINE DEFECT	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	1		0		0
GRAFT REPAIR OF SPINE DEFECT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
GRAFT REPAIR OF SPINE DEFECT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	2	Services are not medically necessary	2		0
GRAFT REPAIR OF SPINE DEFECT	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Central perforation of tympanic membrane, left ear	Allergy/Immunology		0		0	Approved	1
GRALISE	Fibromyalgia	Pediatric Endocrinology		0		0	Approved	1
GRALISE ER	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Emergency Medicine		0		0	Approved	1
GRALISE ER	RADICULOPATHY, LUMBAR REGION	Neurology		0		0	Denied	1
GRALISE ER 300 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Pain Management	Denied	3	Services are not medically necessary	3		0
GRALISE ER 300 MG TABLET	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Pain Management	Denied	1	Services are not medically necessary	1		0
GRALISE ER 300 MG TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
GRALISE ER 300 MG TABLET	POSTHERPETIC POLYNEUROPATHY	Neurology	Denied	1	Services are not medically necessary	1		0
GRALISE ER 300 MG TABLET	RADICULOPATHY, CERVICAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0

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GRALISE ER 300 MG TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	FIBROMYALGIA	Neurology	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	FIBROMYALGIA	Physician	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	IDIOPATHIC PROGRESSIVE NEUROPATHY	Neurology	Denied	2	Services are not medically necessary	2		0
GRALISE ER 600 MG TABLET	IDIOPATHIC PROGRESSIVE NEUROPATHY	Psychiatry	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Neurology	Denied	2	Services are not medically necessary	2		0
GRALISE ER 600 MG TABLET	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Anesthesiology	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Internal Medicine	Approved	1		0		0
GRALISE ER 600 MG TABLET	POSTHERPETIC POLYNEUROPATHY	Physical Medicine	Denied	2	Services are not medically necessary	2		0
GRALISE ER 600 MG TABLET	POSTHERPETIC TRIGEMINAL NEURALGIA	Family Medicine	Approved	1		0		0
GRALISE ER 600 MG TABLET	RADICULOPATHY, CERVICAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Anesthesiology	Denied	3	Services are not medically necessary	3		0
GRALISE ER 600 MG TABLET	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
GRANISETRON HCL 1 MG ORAL	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	1		0		0
GRANISETRON HCL INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
GRANIX 480 MCG/1.6 ML VIAL	NEUTROPENIA, UNSPECIFIED	Neurology	Approved	1		0		0
GRASTEK 2,800 BAU SL TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0
GRASTEK 2,800 BAU SL TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Physician Assistant	Approved	1		0		0
GROUND MILEAGE	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
GROUP PSYCHOTHERAPY	ILLNESS, UNSPECIFIED	Counseling	Approved	1		0		0
GROUP PSYCHOTHERAPY	ILLNESS, UNSPECIFIED	Facility	Approved	1		0		0
GROUP PSYCHOTHERAPY	MAJOR DEPRESSV DISORDER, SINGLE EPISODE, IN PARTIAL REMIS	Psychology	Approved	2		0		0
GROUP THERAPEUTIC PROCEDURES	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
GROUP THERAPEUTIC PROCEDURES	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
GROUP THERAPEUTIC PROCEDURES	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
GROUP THERAPEUTIC PROCEDURES	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
Growth Hormone	Hypopituitarism	Family Medicine		0		0	Approved	1
GROWTH HORMONE PANEL; ASSAY, GROWTH HORMONE (HGH); GLUCAGON HYDROCHLORIDE/1 MG; DIPHENHYDRAMINE HC	R62.52 - Short stature (child)	Pediatrics	Approved	1		0		0
GUIDANCE FOR RADJ TX DLVR	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
GUIDANCE FOR RADJ TX DLVR	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
HAIR REMOVAL BY ELECTROLYSIS	TRANSSEXUALISM	Multi-Specialty Group	Approved	3		0		0
HALOG 0.1% OINTMENT	OTHER ATOPIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
HARD PROTECT HELMET PREFAB	OTHER ACQUIRED DEFORMITY OF HEAD	Ancillary	Approved	1		0		0
HARVEST ALLOGENEIC STEM CELL	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE	Facility	Approved	1		0		0
HARVEST ALLOGENEIC STEM CELL	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	Facility	Approved	2		0		0
HARVEST AUTO STEM CELLS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
HARVEST AUTO STEM CELLS	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
HARVEST AUTO STEM CELLS	CHONDROMALACIA, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
HARVEST AUTO STEM CELLS	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0

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HARVEST AUTO STEM CELLS	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
HARVONI 90-400 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	3		0		0
HARVONI 90-400 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	3	Services are not medically necessary	3		0
HARVONI 90-400 MG TABLET	CHRONIC VIRAL HEPATITIS C	Infectious Disease	Approved	1		0		0
HARVONI 90-400 MG TABLET	CHRONIC VIRAL HEPATITIS C	Internal Medicine	Approved	1		0		0
HARVONI 90-400 MG TABLET	CHRONIC VIRAL HEPATITIS C	Physician	Denied	1	Services are not medically necessary	1		0
HBA1/HBA2 GENE	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
HBB FULL GENE SEQUENCE	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
HBB GENE COM VARIANTS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
HBB GENE COM VARIANTS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	2	Services are not medically necessary	2		0
HBOT, FULL BODY CHAMBER, 30M	ACQUIRED ABSENCE OF OTHER RIGHT TOE(S)	HOSPITAL	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
HBOT, FULL BODY CHAMBER, 30M	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
HBOT, FULL BODY CHAMBER, 30M	CUTANEOUS ABSCESS OF RIGHT HAND	Facility	Approved	2		0		0
HBOT, FULL BODY CHAMBER, 30M	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	INFLAMMATORY CONDITIONS OF JAWS	Facility	Approved	2		0		0
HBOT, FULL BODY CHAMBER, 30M	NON-PRS CHR ULC OTH PRT R FOOT WITH MSL INVL W/O EVD OF NECR	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	NON-PRS CHRONIC ULCER OF RIGHT THIGH W NECROSIS OF MUSCLE	Facility	Denied	1	Services are not medically necessary	1		0
HBOT, FULL BODY CHAMBER, 30M	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W NECROSIS OF MUSCLE	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	Facility	Approved	4		0		0
HBOT, FULL BODY CHAMBER, 30M	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
HBOT, FULL BODY CHAMBER, 30M	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HBOT, FULL BODY CHAMBER, 30M	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	HOSPITAL	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Hyperbaric & Undersea Medicine	Approved	2		0		0
HBOT, FULL BODY CHAMBER, 30M	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Ancillary	Approved	2		0		0
HBOT, FULL BODY CHAMBER, 30M	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Facility	Approved	5		0		0
HBOT, FULL BODY CHAMBER, 30M	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Hyperbaric & Undersea Medicine	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	OTHER OSTEONECROSIS, OTHER SITE	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	RECURRENT AND PERSISTENT HEMATURIA W OTH MORPHOLOGIC CHANGES	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	HOSPITAL	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Family Medicine	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Hyperbaric & Undersea Medicine	Approved	2		0		0
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Approved	1		0		0
HD TRAPEZE BAR FREE STANDING	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	Ancillary	Approved	1		0		0
HEAD SURGERY PROCEDURE	DISORDER OF LIGAMENT, UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
Head/Neck Carcinoma	Malignant neoplasm of glottis	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Head/Neck Carcinoma	Malignant neoplasm of lateral wall of nasopharynx	Other	Denied	1	Services are not medically necessary	1		0
Head/Neck Carcinoma	MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX	Radiation Therapy		0		0	Denied	1
Head/Neck Carcinoma	Malignant neoplasm of overlapping sites of hypopharynx	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
HEARING AID SUP/ACCESS/DEV	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	Ancillary	Approved	1		0		0
HEARING AID SUP/ACCESS/DEV	SNSRNRL HEAR LOSS, UNI, RIGHT EAR, W UNRESTR HEAR CNTRA SIDE	Ancillary	Approved	1		0		0
HEARING AID SUP/ACCESS/DEV	UNSPECIFIED HEARING LOSS, RIGHT EAR	Ancillary	Approved	1		0		0
HEARING AID, DIGIT, BIN, BTE	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Ancillary	Approved	1		0		0
HEARING AID, DIGIT, BIN, BTE	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Ancillary	Approved	1		0		0
HEARING AID, DIGIT, BIN, BTE	MIX CNDCT/SNRL HEAR LOSS,UNI,L EAR W RSTRCD HEAR CNTRA SIDE	Ancillary	Approved	1		0		0
HEARING AID, DIGIT, BIN, BTE	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
HEARING AID, DIGIT, BIN, BTE	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	Audiology	Denied	2	Services are not medically necessary	2		0
HEARING AID, DIGIT, BIN, BTE	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
HEARING AID, DIGIT, BIN, BTE	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	11		0		0
HEAVY DUTY WHEELCHAIR; PWC GP 2 STD PORT CAP CHAIR; W/CH ACCESS DET ADJ ARMREST; TRANSFER BOARD OR	S88.919A - Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter	Physical Medicine and Rehab	Approved	1		0		0
HEAVY DUTY WHEELED WALKER	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HEAVY DUTY WHEELED WALKER	LOW BACK PAIN	Ancillary	Approved	1		0		0
HEAVY DUTY WHEELED WALKER	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
HEAVY DUTY WHEELED WALKER	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Ancillary	Approved	1		0		0
HEAVY DUTY WHEELED WALKER	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
HEAVYDUTY/WIDE COMMODE CHAIR	GROSS HEMATURIA	Ancillary	Approved	2		0		0
HEAVYDUTY/WIDE COMMODE CHAIR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
HEAVYDUTY/WIDE COMMODE CHAIR	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
HEAVYDUTY/WIDE COMMODE CHAIR	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
HEAVYDUTY/WIDE COMMODE CHAIR	UNSTABLE ANGINA	Ancillary	Approved	1		0		0
HEMLIBRA 150 MG/ML VIAL	HEREDITARY FACTOR VIII DEFICIENCY	Family Medicine	Approved	1		0		0
HEMLIBRA 150 MG/ML VIAL	HEREDITARY FACTOR VIII DEFICIENCY	Hematology	Approved	2		0		0
HEMODIALYSIS ONE EVALUATION	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	3		0		0
HEMODIALYSIS ONE EVALUATION	ALTERED MENTAL STATUS, UNSPECIFIED	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	3		0		0
HEMODIALYSIS ONE EVALUATION	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	CHRONIC KIDNEY DISEASE, STAGE 5	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Ancillary	Approved	58		0		0
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Ancillary	Denied	4	Services are not medically necessary	4		0
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Family Medicine	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Other	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	EPIGASTRIC PAIN	Ancillary	Approved	5		0		0
HEMODIALYSIS ONE EVALUATION	FLUID OVERLOAD, UNSPECIFIED	Facility	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	HYPOXEMIA	Ancillary	Approved	1		0		0

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HEMODIALYSIS ONE EVALUATION	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	MECH COMPL OF PROSTHETIC ORBIT OF LEFT EYE, SEQUELA	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	OTHER CIRRHOSIS OF LIVER	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
HEMODIALYSIS ONE EVALUATION	WEAKNESS	Ancillary	Approved	1		0		0
HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	Physical Medicine		0		0	Denied	1
HEMODIALYSIS REPEATED EVAL	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
HEMODIALYSIS REPEATED EVAL	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	3		0		0
HEMODIALYSIS REPEATED EVAL	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	DEPENDENCE ON RENAL DIALYSIS	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	ENCEPHALOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	Ancillary	Approved	59		0		0
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	Other	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	EPIGASTRIC PAIN	Ancillary	Approved	4		0		0
HEMODIALYSIS REPEATED EVAL	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	MECH COMPL OF PROSTHETIC ORBIT OF LEFT EYE, SEQUELA	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	OTHER CIRRHOSIS OF LIVER	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	SADDLE EMBOLUS OF PULMONARY ARTERY W/O ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	Ancillary	Denied	1	Services are not medically necessary	1		0
HEPAGAM B INTRAVENOUS, INJ	HYPOTENSION, UNSPECIFIED	Facility	Approved	3		0		0
HEPARIN SOD 10,000 UNIT/ML VL	URGENCY OF URINATION	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
HEPARIN SOD 10,000 UNIT/ML VL	URGENCY OF URINATION	Female Pelvic Medicine And Reconstructive Surgery	Denied	1	Services are not medically necessary	1		0
HEPATOBI SYST IMAGE W/DRUG	EPIGASTRIC PAIN	Family Medicine	Approved	1		0		0
HEPATOBI SYST IMAGE W/DRUG	RIGHT UPPER QUADRANT PAIN	Family Medicine	Approved	2		0		0
HEREDITARY COLON CA DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
HEREDITARY COLON CA DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
HEREDITARY COLON CA DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0
HEREDITARY COLON CA DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	1		0		0
HEREDITARY PERIPHERAL NEUROPATHIES, MUST INCL SEQ OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENE	G60.9 - Hereditary and idiopathic neuropathy, unspecified	Neurology	Approved	1		0		0
HEREDITARY RETINAL DISORDERS	PIGMENTARY RETINAL DYSTROPHY	Ancillary	Denied	1	Services are not medically necessary	1		0
HERNIA REPAIR W/MESH	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0

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HERNIA REPAIR W/MESH	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Denied	1	Services are not medically necessary	1		0
HERNIA REPAIR W/MESH	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
HETLIOZ	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Cardiovascular Disease		0		0	Denied	1
HETLIOZ	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Emergency Medicine		0		0	Denied	1
HETLIOZ	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Nephrology		0		0	Denied	1
Hetlioz	CIRCADIAN RHYTHM SLEEP DISORDERS	Emergency Medicine		0		0	Denied	1
HETLIOZ 20 MG CAPSULE	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Counseling	Denied	1	Services are not medically necessary	1		0
HETLIOZ 20 MG CAPSULE	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	General Practice	Denied	1	Services are not medically necessary	1		0
HETLIOZ 20 MG CAPSULE	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Physician	Denied	1	Services are not medically necessary	1		0
HETLIOZ 20 MG CAPSULE	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
HFO WITHOUT JOINTS PRE CST	BILATERAL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINTS	Ancillary	Approved	1		0		0
HFO WITHOUT JOINTS PRE CST	TRIGGER FINGER, UNSPECIFIED FINGER	Ancillary	Approved	1		0		0
HFO WITHOUT JOINTS PRE CST	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	Ancillary	Approved	1		0		0
HFO WITHOUT JOINTS PRE OTS	PAIN IN RIGHT FINGER(S)	Ancillary	Approved	1		0		0
HFO WITHOUT JOINTS PRE OTS	PRIMARY OSTEOARTHRITIS, LEFT HAND	Ancillary	Approved	1		0		0
HFO WITHOUT JOINTS PRE OTS	PRIMARY OSTEOARTHRITIS, RIGHT HAND	Ancillary	Approved	1		0		0
HFO WITHOUT JOINTS PRE OTS	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	Ancillary	Approved	2		0		0
HHCP-SERV OF OT,EA 15 MIN	HYPERLIPIDEMIA, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SERV OF OT,EA 15 MIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF OT,EA 15 MIN	OTH FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT FOR CLOS FX	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SERV OF OT,EA 15 MIN	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
HHCP-SERV OF OT,EA 15 MIN	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	Ancillary	Approved	1		0		0
HHCP-SERV OF OT,EA 15 MIN	VERTICAL STRABISMUS, RIGHT EYE	Ancillary	Approved	1		0		0
HHCP-SERV OF OT,EA 15 MIN	WEAKNESS	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	ACUTE BRONCHITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	ACUTE PAIN DUE TO TRAUMA	Ancillary	Approved	2		0		0
HHCP-SERV OF PT,EA 15 MIN	AGE-RELATED PHYSICAL DEBILITY	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	CEREBRAL INFRC DUE TO EMBOLISM OF BI MIDDLE CEREBRAL ART	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Ancillary	Approved	2		0		0
HHCP-SERV OF PT,EA 15 MIN	CONGENITAL HYPOTONIA	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0

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HHCP-SERV OF PT,EA 15 MIN	HYPOTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	INFLAMMATORY DISORDERS OF SCROTUM	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	MALIGNANT NEOPLASM OF BRAIN STEM	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
HHCP-SERV OF PT,EA 15 MIN	OTH FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT FOR CLOS FX	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SERV OF PT,EA 15 MIN	OTH OSTEOPOR W CURRENT PATH FRACTURE, VERTEBRA(E), INIT	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER SEIZURES	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER SPECIFIED NONINFECTIVE GASTROENTERITIS AND COLITIS	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	3		0		0
HHCP-SERV OF PT,EA 15 MIN	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	POLYNEUROPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	RECTAL ABSCESS	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	UNSP INTRACAPSULAR FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
HHCP-SERV OF PT,EA 15 MIN	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	2		0		0
HHCP-SERV OF PT,EA 15 MIN	VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ABSCESS OF LIVER	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Approved	3		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE POSTHEMORRHAGIC ANEMIA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE PULMONARY EDEMA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE RESPIRATORY FAILURE WITH HYPERCAPNIA	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ALTERED MENTAL STATUS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0

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HHCP-SVS OF AIDE,EA 15 MIN	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ANEURYSM OF UNSPECIFIED SITE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CEREB INFRC DUE TO UNSP OCCLS OR STENOSIS OF BASILAR ARTERY	Ancillary	Approved	5		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	3		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	5		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	CERVICALGIA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	COUGH	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CUTANEOUS ABSCESS OF RIGHT FOOT	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISP FX OF ANT WALL OF R ACETAB, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISP FX OF EPIPHYSIS (SEPARATION) (UPPER) OF R FEMUR, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISP FX OF FIRST METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISPL INTERTROCH FX R FEMUR, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISPL MIDCERVICAL FX R FEMUR, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISPL OBLIQUE FX SHAFT OF HUMER, L ARM, 7THD	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISPL TRANSVERSE FX RIGHT PATELLA, INIT FOR OPN FX TYPE I/2	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Approved	4		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	END STAGE RENAL DISEASE	Ancillary	Approved	4		0		0
HHCP-SVS OF AIDE,EA 15 MIN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	7		0		0
HHCP-SVS OF AIDE,EA 15 MIN	FRACTURE OF ONE RIB, UNSP SIDE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	GASTROSTOMY MALFUNCTION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	HEMIPLGA FOLLOWING CEREBRAL INFRC AFF RIGHT DOMINANT SIDE	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	HEPATIC FAILURE, UNSPECIFIED WITH COMA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Ancillary	Approved	2		0		0

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HHCP-SVS OF AIDE,EA 15 MIN	HYPERTENSIVE URGENCY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	INFECTION OF AMPUTATION STUMP, LEFT LOWER EXTREMITY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), LUMBAR REGION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	LEGAL BLINDNESS, AS DEFINED IN USA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	5		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	6		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF CEREBELLUM	Ancillary	Approved	3		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	4		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	3		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MECH COMPL OF PROSTHETIC ORBIT OF LEFT EYE, SEQUELA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MERKEL CELL CARCINOMA OF LIP	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MOYAMOYA DISEASE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MULTIPLE SCLEROSIS	Ancillary	Approved	6		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MULTIPLE SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	MUSCLE WEAKNESS (GENERALIZED)	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESPIRATORY SYSTEM	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Ancillary	Approved	3		0		0
HHCP-SVS OF AIDE,EA 15 MIN	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	NON-PRS CHRONIC ULC UNSP PRT OF UNSP LOW LEG W UNSP SEVERITY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OCCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OSTEOMYELITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OTHER FATIGUE	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OTHER GRAM-NEGATIVE SEPSIS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Ancillary	Approved	1		0		0

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HHCP-SVS OF AIDE,EA 15 MIN	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PARAPLEGIA, UNSPECIFIED	Ancillary	Approved	4		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PERSONAL HISTORY OF DIABETIC FOOT ULCER	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	POLYARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	POLYNEUROPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	POSTPROC SEROMA OF A MS STRUCTURE FOL A MS SYS PROCEDURE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	QUADRIPLEGIA, C5-C7 INCOMPLETE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SHORTNESS OF BREATH	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SPINAL STENOSIS, SITE UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SUBARACHNOID HEMORRHAGE DUE TO BIRTH INJURY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	TRACHEOSTOMY STATUS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	TRAUM SUBRAC HEM W/O LOSS OF CONSCIOUSNESS, INIT	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Ancillary	Approved	3		0		0
HHCP-SVS OF AIDE,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Ancillary	Approved	4		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF RIGHT FEMUR, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	4		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF SHAFT OF RIGHT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED CONVULSIONS	Ancillary	Approved	1		0		0

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HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED DISLOCATION OF LEFT KNEE, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	WEAKNESS	Ancillary	Approved	1		0		0
HHCP-SVS OF CSW,EA 15 MIN	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED	Facility	Approved	1		0		0
HHCP-SVS OF CSW,EA 15 MIN	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
HHCP-SVS OF CSW,EA 15 MIN	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
HHCP-SVS OF CSW,EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ANEURYSM OF UNSPECIFIED SITE	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ANKYLOGLOSSIA	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	AUTISTIC DISORDER	Ancillary	Approved	49		0		0
HHCP-SVS OF S/L PATH,EA 15MN	AUTISTIC DISORDER	Ancillary	Denied	4	Services are not medically necessary	4		0
HHCP-SVS OF S/L PATH,EA 15MN	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CEREBRAL ANEURYSM, NONRUPTURED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CEREBRAL INFARCTION DUE TO THOMBOS UNSP PRECEREBRAL ARTERY	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	7		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	11		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CHILDHOOD ONSET FLUENCY DISORDER	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CHILDHOOD ONSET FLUENCY DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CLEFT HARD PALATE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CLEFT HARD PALATE	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	CLEFT PALATE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CONGENITAL LARYNGOMALACIA	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CORONAVIRUS INFECTION, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DELAYED MILESTONE IN CHILDHOOD	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DELAYED MILESTONE IN CHILDHOOD	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	38		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	6	Services are not medically necessary	6		0
HHCP-SVS OF S/L PATH,EA 15MN	DISEASE OF SPINAL CORD, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DISEASE OF SPINAL CORD, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	DIZZINESS AND GIDDINESS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	6		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DOWN SYNDROME, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SVS OF S/L PATH,EA 15MN	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DYSPHAGIA, ORAL PHASE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DYSPHAGIA, OROPHARYNGEAL PHASE	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DYSPHAGIA, PHARYNGEAL PHASE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DYSPHAGIA, PHARYNGEAL PHASE	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ECTODERMAL DYSPLASIA (ANHIDROTIC)	Ancillary	Approved	2		0		0

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HHCP-SVS OF S/L PATH,EA 15MN	ENCNTR FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS	Ancillary	Approved	7		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SVS OF S/L PATH,EA 15MN	ESOPHAGEAL OBSTRUCTION	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SVS OF S/L PATH,EA 15MN	FAILURE TO THRIVE (CHILD)	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	FEEDING DIFFICULTIES	Ancillary	Approved	7		0		0
HHCP-SVS OF S/L PATH,EA 15MN	FEEDING DIFFICULTIES	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	FLACCID HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	Ancillary	Approved	4		0		0
HHCP-SVS OF S/L PATH,EA 15MN	GASTROSTOMY MALFUNCTION	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	GASTROSTOMY STATUS	Ancillary	Approved	4		0		0
HHCP-SVS OF S/L PATH,EA 15MN	HYDROCEPHALUS, UNSPECIFIED	Ancillary	Approved	6		0		0
HHCP-SVS OF S/L PATH,EA 15MN	HYPERLIPIDEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	HYPOXIC ISCHEMIC ENCEPHALOPATHY [HIE], UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	LEGAL BLINDNESS, AS DEFINED IN USA	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W STAT EPI	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MALIG NEOPLM OF PRPH NERVES OF UNSP UPPER LIMB, INC SHOULDER	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF RETROPERITONEUM	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MECH COMPL OF PROSTHETIC ORBIT OF LEFT EYE, SEQUELA	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MIDDLE CEREBRAL ARTERY SYNDROME	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	6		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	MODERATE INTELLECTUAL DISABILITIES	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	MOYAMOYA DISEASE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MUSCLE WEAKNESS (GENERALIZED)	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	NEUROLOGIC NEGLECT SYNDROME	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	NEUROLOGIC NEGLECT SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	NON-FOLLIC LYMPHOMA, UNSP, NODES OF HEAD, FACE, AND NECK	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OCCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER ENCEPHALOPATHY	Ancillary	Approved	3		0		0

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HHCP-SVS OF S/L PATH,EA 15MN	OTHER ENCEPHALOPATHY	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER FEEDING DISORDERS OF INFANCY AND EARLY CHILDHOOD	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER LACK OF COORDINATION	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER REDUCED MOBILITY	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER SPEECH DISTURBANCES	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER SPEECH DISTURBANCES	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER SYMBOLIC DYSFUNCTIONS	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER SYMPTOMS AND SIGNS INVOLVING APPEARANCE AND BEHAVIOR	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PAPILLEDEMA ASSOCIATED WITH INCREASED INTRACRANIAL PRESSURE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PARKINSON'S DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SVS OF S/L PATH,EA 15MN	PERFORATION OF INTESTINE (NONTRAUMATIC)	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PHIMOSIS	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PHONOLOGICAL DISORDER	Ancillary	Approved	13		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PHONOLOGICAL DISORDER	Ancillary	Denied	2	Services are not medically necessary	2		0
HHCP-SVS OF S/L PATH,EA 15MN	PNEUMOCOCCAL MENINGITIS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Denied	3	Services are not medically necessary	3		0
HHCP-SVS OF S/L PATH,EA 15MN	PRIMARY DISORDER OF MUSCLE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	RESPIRATORY ARREST	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SECONDARY MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Ancillary	Approved	5		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SUBARACHNOID HEMORRHAGE DUE TO BIRTH INJURY	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	TRANSSEXUALISM	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	TRAUM SUBRAC HEM W/O LOSS OF CONSCIOUSNESS, INIT	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	TURNER'S SYNDROME, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Approved	5		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED COMPLICATION OF LIVER TRANSPLANT	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED CONVULSIONS	Ancillary	Approved	5		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	Ancillary	Approved	1		0		0

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HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED FALL, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED LACK OF COORDINATION	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED SPEECH DISTURBANCES	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED SPEECH DISTURBANCES	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	WEAKNESS	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	WHOLE CHROMOSOME TRISOMY, MOSAICISM (MITOTIC NONDISJUNCTION)	Ancillary	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF LPN EA 15 MIN	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Ancillary	Approved	2		0		0
HHS/HOSPICE OF LPN EA 15 MIN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Family Medicine	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Ancillary	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF LPN EA 15 MIN	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	END STAGE RENAL DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF LPN EA 15 MIN	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	HYPERLIPIDEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Family Medicine	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF LPN EA 15 MIN	HYPOXIC ISCHEMIC ENCEPHALOPATHY [HIE], UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	INFECT/INFLM REACTION DUE TO INTERNAL R KNEE PROSTH, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	MASTITIS WITHOUT ABSCESS	Ancillary	Denied	2	Services are not medically necessary	2		0
HHS/HOSPICE OF LPN EA 15 MIN	MYCOBACTERIAL INFECTION, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	NONDISP FX OF NECK OF R RAD, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	ORTHOSTATIC HYPOTENSION	Ancillary	Approved	2		0		0
HHS/HOSPICE OF LPN EA 15 MIN	OTH FRACTURE OF BASE OF SKULL, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	OTH FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT FOR CLOS FX	Ancillary	Denied	2	Services are not medically necessary	2		0
HHS/HOSPICE OF LPN EA 15 MIN	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	2		0		0
HHS/HOSPICE OF LPN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	UNSP FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	UNSP FX SHAFT OF RIGHT TIBIA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Multi-Specialty Group	Approved	3		0		0
HHS/HOSPICE OF LPN EA 15 MIN	WEAKNESS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ABSCESS OF EPIDIDYMIS OR TESTIS	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	ABSCESS OF THE BREAST AND NIPPLE	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0

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HHS/HOSPICE OF RN EA 15 MIN	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE RESPIRATORY DISTRESS	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ARTHRODESIS STATUS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	AUTISTIC DISORDER	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF ABDOMINAL WALL	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF LEFT LOWER LIMB	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS, UNSPECIFIED	Ancillary	Approved	6		0		0
HHS/HOSPICE OF RN EA 15 MIN	CEREBELLAR STROKE SYNDROME	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CERVICALGIA	Family Medicine	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Family Medicine	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC IDIOPATHIC CONSTIPATION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Ancillary	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC PAIN SYNDROME	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CHRONIC TOTAL OCCLUSION OF CORONARY ARTERY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	COLOSTOMY STATUS	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	COMPLETE TRAUMATIC AMPUTATION OF R LOW LEG, LEVEL UNSP, INIT	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	CONGENITAL HYPOTONIA	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CUTANEOUS ABSCESS OF LEFT LOWER LIMB	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CYSTOCELE, MIDLINE	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	DEHYDRATION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED	Ancillary	Approved	2		0		0

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HHS/HOSPICE OF RN EA 15 MIN	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DISEASE OF SPINAL CORD, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DISP FX OF L TIBIAL SPIN, 7THE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DISPL COMMNT FX SHAFT OF L TIBIA, 7THN	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DOWN SYNDROME, UNSPECIFIED	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	DYSPNEA, UNSPECIFIED	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, SECOND TRIMESTER	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCNTR FOR SURGICAL AFTCR FOL SURGERY ON THE NERVOUS SYS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCNTR FOR SURGICAL AFTCR FOLLOWING SURGERY ON THE DGSTV SYS	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR ORTHOPEDIC AFTERCARE FOLLOWING SURGICAL AMP	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	END STAGE RENAL DISEASE	Ancillary	Approved	12		0		0
HHS/HOSPICE OF RN EA 15 MIN	END STAGE RENAL DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF RN EA 15 MIN	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	FEEDING DIFFICULTIES	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	FEVER, UNSPECIFIED	Ancillary	Approved	4		0		0
HHS/HOSPICE OF RN EA 15 MIN	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	GROSS HEMATURIA	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	5		0		0
HHS/HOSPICE OF RN EA 15 MIN	HEMIPLGA FOLLOWING CEREBRAL INFARCTION AFFECTING UNSP SIDE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	HYPERGLYCEMIA, UNSPECIFIED	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	HYPERLIPIDEMIA, UNSPECIFIED	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Family Medicine	Denied	1	Services are not medically necessary	1		0

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HHS/HOSPICE OF RN EA 15 MIN	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	HYPO-OSMOLALITY AND HYPONATREMIA	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	HYPOTENSION, UNSPECIFIED	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	HYPOXIC ISCHEMIC ENCEPHALOPATHY [HIE], UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	INFECT/INFLM REACTION DUE TO INTERNAL R KNEE PROSTH, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	INFLAMMATORY DISORDERS OF SCROTUM	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Family Medicine	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	LEIOMYOMA OF UTERUS, UNSPECIFIED	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	LOCALIZED ADIPOSITY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	LOWER ABDOMINAL PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF BRAIN STEM	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	7		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	4		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MASTITIS WITHOUT ABSCESS	Ancillary	Denied	2	Services are not medically necessary	2		0
HHS/HOSPICE OF RN EA 15 MIN	MIXED HYPERLIPIDEMIA	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MODERATE INTELLECTUAL DISABILITIES	Ancillary	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF RN EA 15 MIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MYOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	NEONATAL JAUNDICE, UNSPECIFIED	Ancillary	Approved	1		0		0

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HHS/HOSPICE OF RN EA 15 MIN	NONDISP FX OF HEAD OF R RAD, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	NONDISP FX OF MEDIAL MALLEOLUS OF UNSP TIBIA, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	NONDISP FX OF NECK OF R RAD, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	NON-PRESSURE CHRONIC ULCER OTH PRT UNSP FOOT W UNSP SEVERITY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	NON-PRS CHR ULC SKIN/ OTH SITE WITH MSL INVL W/O EVD OF NECR	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	OCCCLUSION AND STENOSIS OF UNSPECIFIED VERTEBRAL ARTERY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ORTHOSTATIC HYPOTENSION	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	OSTEOMYELITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT ANKLE AND FOOT	Family Medicine	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTH CONGENITAL MALFORM OF SPINE, NOT ASSOCIATED W SCOLIOSIS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTH FRACTURE OF BASE OF SKULL, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTH FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT FOR CLOS FX	Ancillary	Denied	2	Services are not medically necessary	2		0
HHS/HOSPICE OF RN EA 15 MIN	OTH FRACTURE OF UPPER AND LOWER END OF LEFT FIBULA, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER CALCIFICATION OF MUSCLE, LEFT LOWER LEG	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER CEREBRAL PALSY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED DISORDERS OF BRAIN	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	5		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPONDYLOSIS, SITE UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PAIN IN THORACIC SPINE	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PLAGIOCEPHALY	Ancillary	Approved	1		0		0

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HHS/HOSPICE OF RN EA 15 MIN	PLEURAL EFFUSION IN OTHER CONDITIONS CLASSIFIED ELSEWHERE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PNCTR W/O FB OF PHARYNX AND CERVICAL ESOPHAGUS, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	POLYNEUROPATHY, UNSPECIFIED	Ancillary	Approved	4		0		0
HHS/HOSPICE OF RN EA 15 MIN	POSTPROC HEMATOMA OF SKIN, SUBCU FOLLOWING OTHER PROCEDURE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PREDIABETES	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	PRIMARY OSTEOARTHRITIS, RIGHT WRIST	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	Ancillary	Approved	4		0		0
HHS/HOSPICE OF RN EA 15 MIN	PUNCTURE WOUND WITHOUT FOREIGN BODY, RIGHT KNEE, INIT ENCNTN	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	RADICULOPATHY, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	RECTAL ABSCESS	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	RHABDOMYOLYSIS	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	SEPSIS DUE TO ESCHERICHIA COLI [E. COLI]	Family Medicine	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	4		0		0
HHS/HOSPICE OF RN EA 15 MIN	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	SLTR-HARIS TYPE II PHYSEAL FX LOWER END OF RIGHT FEMUR, INIT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	TORTICOLLIS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	8		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	2		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	4		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSP FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	2		0		0

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HHS/HOSPICE OF RN EA 15 MIN	UNSP FRACTURE OF UNSP FEMUR, INIT ENCNR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSP FX SHAFT OF RIGHT TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BUTTOCK, INIT ENCNR	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	URETHRAL FISTULA	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Multi-Specialty Group	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	VARICOSE VEINS OF R LOW EXTREM W ULCER OTH PART OF FOOT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	WEAKNESS	Ancillary	Approved	3		0		0
HI FREQ CHEST WALL OSCIL SYS	OTHER DISORDERS OF LUNG	Ancillary	Approved	2		0		0
HI FREQ CHEST WALL OSCIL SYS	PARKINSON'S DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
HI FREQ CHEST WALL OSCIL SYS	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
HIGH ACTIVITY KNEE FRAME	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	1		0		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	BRONCHIECTASIS WITH (ACUTE) EXACERBATION	Respiratory	Approved	1		0		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	BRONCHIECTASIS, UNCOMPLICATED	Respiratory	Approved	4		0		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	Respiratory	Denied	1	Services are not medically necessary	1		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Respiratory	Approved	5		0		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	CYSTIC FIBROSIS, UNSPECIFIED	Respiratory	Approved	1		0		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	OTHER DISORDERS OF LUNG	Respiratory	Denied	1	Services are not medically necessary	1		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	OTHER REDUCTION DEFORMITIES OF BRAIN	Respiratory	Approved	1		0		0
HIGH FREQ_OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Respiratory	Approved	1		0		0
HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Psychiatry		0		0	Approved	1
HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	Bronchiectasis, uncomplicated	Nurse Practitioner		0		0	Approved	1
HIT ALPHA-1-PROTEINAS DIEM	ACCIDENTAL FALL ON OR FROM LADDERS OR SCAFFOLDING	Ancillary	Approved	1		0		0
HIT ALPHA-1-PROTEINAS DIEM	ALPHA-1-ANTITRYPSIN DEFICIENCY	Ancillary	Approved	2		0		0
HIT ALPHA-1-PROTEINAS DIEM	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT ALPHA-1-PROTEINAS DIEM	DEPENDENCE ON SUPPLEMENTAL OXYGEN	Ancillary	Approved	1		0		0
HIT ALPHA-1-PROTEINAS DIEM	FALL ON SIDEWALK CURB	Ancillary	Approved	2		0		0
HIT ALPHA-1-PROTEINAS DIEM	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HIT ANTIBIOTIC Q24H DIEM	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	1		0		0
HIT ANTIBIOTIC Q24H DIEM	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	1		0		0
HIT ANTIBIOTIC Q24H DIEM	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Ancillary	Approved	1		0		0
HIT ANTIBIOTIC Q24H DIEM	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HIT ANTIBIOTIC Q24H DIEM	PNEUMONIA DUE TO PSEUDOMONAS	Ancillary	Approved	1		0		0

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HIT ANTI-TNF PER DIEM	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT COMPLEX CATH CARE	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Ancillary	Approved	1		0		0
HIT CONT ANTIEMETIC DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	Ancillary	Approved	14		0		0
HIT CONT ANTIEMETIC DIEM	INFECTIONS OF KIDNEY IN PREGNANCY, THIRD TRIMESTER	Ancillary	Approved	1		0		0
HIT CONT ANTIEMETIC DIEM	MILD TO MODERATE PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	Ancillary	Approved	3		0		0
HIT CONT ANTIEMETIC DIEM	PREGNANT STATE, INCIDENTAL	Ancillary	Approved	2		0		0
HIT CONT ANTIEMETIC DIEM	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER	Ancillary	Approved	3		0		0
HIT CONT ANTIEMETIC DIEM	TWIN PREG, UNSP NUM PLCNTA & AMNIO SACS, SECOND TRIMESTER	Ancillary	Approved	1		0		0
HIT CONT CHEM DIEM	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HIT CONT INSULIN DIEM	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Ancillary	Approved	1		0		0
HIT DECLOTTING KIT	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
HIT ENTERAL PUMP DIEM	ADULT FAILURE TO THRIVE	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT ENTERAL PUMP DIEM	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT ENTERAL PUMP DIEM	MILD PROTEIN-CALORIE MALNUTRITION	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT ENTERAL PUMP DIEM	PARKINSON'S DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT ENZYME REPLACE DIEM	FALL ON STAIR/STEP NEC	Ancillary	Approved	1		0		0
HIT ENZYME REPLACE DIEM	GAUCHER DISEASE	Genetics	Approved	1		0		0
HIT ENZYME REPLACE DIEM	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT ENZYME REPLACE DIEM	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Ancillary	Approved	1		0		0
HIT HYDRA 1 LITER DIEM	OTHER DISORDERS OF LUNG	Ancillary	Approved	1		0		0
HIT HYDRA 1 LITER DIEM	STEM CELLS TRANSPLANT STATUS	Ancillary	Approved	1		0		0
HIT HYDRA TOTAL DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	Ancillary	Approved	6		0		0
HIT IMMUNOTHERAPY DIEM	ANEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Ancillary	Approved	8		0		0
HIT IMMUNOTHERAPY DIEM	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT IMMUNOTHERAPY DIEM	ANTIPHOSPHOLIPID SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
HIT IMMUNOTHERAPY DIEM	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	11		0		0
HIT IMMUNOTHERAPY DIEM	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Denied	3	Services are not medically necessary	3		0
HIT IMMUNOTHERAPY DIEM	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	12		0		0
HIT IMMUNOTHERAPY DIEM	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
HIT IMMUNOTHERAPY DIEM	COUGH	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	4		0		0

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HIT IMMUNOTHERAPY DIEM	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT IMMUNOTHERAPY DIEM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
HIT IMMUNOTHERAPY DIEM	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	6		0		0
HIT IMMUNOTHERAPY DIEM	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	4		0		0
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	18		0		0
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Pediatric Infectious Disease	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	Ancillary	Approved	5		0		0
HIT IMMUNOTHERAPY DIEM	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Approved	2		0		0
HIT IMMUNOTHERAPY DIEM	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT IMMUNOTHERAPY DIEM	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	OTHER SPECIFIED POLYNEUROPATHIES	Ancillary	Approved	2		0		0
HIT IMMUNOTHERAPY DIEM	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	UNSPECIFIED ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
HIT INTERIM CATH CARE	OTHER DISORDERS OF LUNG	Ancillary	Approved	2		0		0
HIT INTERMIT CHEMO DIEM	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	3		0		0
HIT LONGTERM INFUSION DIEM	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT NOC PER DIEM	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	6		0		0
HIT NOC PER DIEM	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	DISORDER OF THE AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	FEMALE INFERTILITY OF OTHER ORIGIN	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	FEMALE INFERTILITY OF UTERINE ORIGIN	Ancillary	Approved	2		0		0

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HIT NOC PER DIEM	GASTROPARESIS	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	INTESTINAL MALABSORPTION, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	LIVER TRANSPLANT STATUS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	MILD TO MODERATE PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	MULTIPLE SCLEROSIS	Ancillary	Approved	14		0		0
HIT NOC PER DIEM	MULTIPLE SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT NOC PER DIEM	NEUROMYELITIS OPTICA [DEVIC]	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT NOC PER DIEM	OTHER GRAM-NEGATIVE SEPSIS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	OTHER SPECIFIED DISORDERS OF MUSCLE	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	POSTPROCEDURAL RETROPERITONEAL ABSCESS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	REPEATED FALLS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	THALASSEMIA MINOR	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, MULTIPLE SITES	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT PAIN IMP PUMP DIEM	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT PAIN IMP PUMP DIEM	CHRONIC PAIN SYNDROME	Ancillary	Approved	21		0		0
HIT PAIN IMP PUMP DIEM	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
HIT PAIN IMP PUMP DIEM	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
HIT PAIN IMP PUMP DIEM	OTHER CHRONIC PAIN	Ancillary	Approved	3		0		0
HIT PAIN IMP PUMP DIEM	OTHER MOTOR NEURON DISEASE	Ancillary	Approved	1		0		0
HIT PAIN IMP PUMP DIEM	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HIT PAIN IMP PUMP DIEM	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
HIT PAIN IMP PUMP DIEM	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
HIT SYMPATHOMIM DIEM	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
HIT SYMPATHOMIM DIEM	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	4		0		0
HIT SYMPATHOMIM DIEM	DILATED CARDIOMYOPATHY	Ancillary	Approved	1		0		0
HIT SYMPATHOMIM DIEM	GASTROPARESIS	Ancillary	Approved	3		0		0
HIT SYMPATHOMIM DIEM	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	3		0		0
HIT SYMPATHOMIM DIEM	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	7		0		0

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HIT TPN 1 LITER DIEM	FEEDING DIFFICULTIES	Ancillary	Approved	1		0		0
HIT TPN 1 LITER DIEM	MODERATE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
HIT TPN 1 LITER DIEM	OTHER CIRRHOSIS OF LIVER	Ancillary	Approved	1		0		0
HIT TPN 1 LITER DIEM	PERFORATION OF INTESTINE (NONTRAUMATIC)	Ancillary	Approved	1		0		0
HIT TPN 1 LITER DIEM	UNSPECIFIED ACQUIRED DEFORMITY OF RIGHT LOWER LEG	Ancillary	Approved	1		0		0
HIT TPN 1 LITER DIEM	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	GASTROPARESIS	Ancillary	Approved	2		0		0
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT TPN 2 LITER DIEM	MODERATE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	3		0		0
HIT TPN 2 LITER DIEM	PERFORATION OF INTESTINE (NONTRAUMATIC)	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	POSTPROCEDURAL RETROPERITONEAL ABSCESS	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	REPEATED FALLS	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	2		0		0
HIT TPN 2 LITER DIEM	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	2		0		0
HIT TPN 2 LITER DIEM	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT TPN 3 LITER DIEM	MILD PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
HIT TPN 3 LITER DIEM	POSTSURGICAL MALABSORPTION, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	4		0		0
HIT TPN OVER 3L DIEM	MALNUTRITION IN PREGNANCY, UNSPECIFIED TRIMESTER	Ancillary	Approved	2		0		0
HIT TPN OVER 3L DIEM	POSTPROCEDURAL RETROPERITONEAL ABSCESS	Ancillary	Approved	1		0		0
HIZENTRA	Other common variable immunodeficiencies	Physician		0		0	Approved	1
HIZENTRA	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Physician		0		0	Denied	1
HIZENTRA 1 GRAM/5 ML VIAL	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	Physical Medicine		0		0	Approved	1
HIZENTRA 10 GRAM/50 ML VIAL	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Allergy/Immunology	Approved	2		0		0
HIZENTRA 10 GRAM/50 ML VIAL	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
HIZENTRA 4 GRAM/20 ML VIAL	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Allergy/Immunology	Approved	1		0		0
HIZENTRA INJECTION	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Ancillary	Approved	4		0		0
HIZENTRA INJECTION	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT LEG	Ancillary	Approved	1		0		0
HIZENTRA INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
HIZENTRA INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	3		0		0
HIZENTRA INJECTION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	11		0		0
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Pediatric Infectious Disease	Approved	1		0		0
HIZENTRA INJECTION	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	Ancillary	Approved	1		0		0
HLA I & II TYPING HR	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
HLA II TYPING 1 LOC HR	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
HLA TYPING A B OR C	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	1		0		0
HLA TYPING A B OR C	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
HLA TYPING A B OR C	CHRONIC MYELOMONOCYTIC LEUKEMIA	Facility	Approved	1		0		0
HLA TYPING DR/DQ	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	1		0		0

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HLA TYPING DR/DQ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
HM GEST DM PER DIEM	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER	Ancillary	Approved	1		0		0
HO FLEX PAVLIK HARNS PRE CST	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	FALL SAME LEV FROM SLIP/TRIP W STRIKE AGNST UNSP OBJ, SUBS	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	2		0		0
HOME HEALTH AIDE OR CERTIFIE	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	ABSCESS OF EPIDIDYMIS OR TESTIS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	4		0		0
HOME INFUSION EACH ADDTL HR	ACCIDENTAL FALL ON OR FROM LADDERS OR SCAFFOLDING	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	AIRCRAFT ACC NOS-PERS NEC	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Ancillary	Approved	3		0		0
HOME INFUSION EACH ADDTL HR	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	8		0		0
HOME INFUSION EACH ADDTL HR	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	CHRONIC PAIN SYNDROME	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	5		0		0
HOME INFUSION EACH ADDTL HR	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	COUGH	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	3		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	5		0		0
HOME INFUSION EACH ADDTL HR	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	4		0		0
HOME INFUSION EACH ADDTL HR	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	4		0		0
HOME INFUSION EACH ADDTL HR	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Ancillary	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HOME INFUSION EACH ADDTL HR	DVTRCLJ OF SM INT W PERFORATION AND ABSCESS W/O BLEEDING	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSD ELSWHR	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	FALL ON STAIR/STEP NEC	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	FEMALE INFERTILITY OF UTERINE ORIGIN	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	GAUCHER DISEASE	Genetics	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	HERPESVIRAL OCULAR DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ILEOSTOMY STATUS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	MALIGNANT NEOPLASM OF CEREBELLUM	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	MALIGNANT NEOPLASM OF LEFT RETINA	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	MULTIPLE SCLEROSIS	Ancillary	Approved	10		0		0
HOME INFUSION EACH ADDTL HR	MULTIPLE SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	4		0		0
HOME INFUSION EACH ADDTL HR	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	NEUROMYELITIS OPTICA [DEVIC]	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	NEUTROPENIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	5		0		0
HOME INFUSION EACH ADDTL HR	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OSTEOMYELITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	OTHER MOTOR NEURON DISEASE	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	OTHER SPECIFIED POLYNEUROPATHIES	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HOME INFUSION EACH ADDTL HR	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	PERSONAL HISTORY OF DIABETIC FOOT ULCER	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	PNEUMOCOCCAL ARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	PYOGENIC ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	QUADRIPLEGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	SEQUELAE OF UNSPECIFIED INFECTIOUS AND PARASITIC DISEASE	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	STEM CELLS TRANSPLANT STATUS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Ancillary	Approved	6		0		0
HOME INFUSION EACH ADDTL HR	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	UNSPECIFIED ACQUIRED DEFORMITY OF RIGHT LOWER LEG	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	UNSPECIFIED ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, MULTIPLE SITES	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Ancillary	Approved	3		0		0
HOME INFUSION/VISIT 2 HRS	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	ACUTE BRONCHITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT SHOULDER	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	3		0		0
HOME INFUSION/VISIT 2 HRS	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Ancillary	Approved	3		0		0
HOME INFUSION/VISIT 2 HRS	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	DIARRHEA, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	DISPLACEMENT OF VASCULAR DIALYSIS CATHETER, INIT ENCNTR	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSD ELSWHR	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HOME INFUSION/VISIT 2 HRS	FALL ON STAIR/STEP NEC	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	GAUCHER DISEASE	Genetics	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	IMMUNE THROMBOCYTOPENIC PURPURA	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	INFECT/INFLM REACT DUE TO OTH INT ORTH PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF LEFT RETINA	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MASTITIS WITHOUT ABSCESS	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	MECH LOOSENING OF INTERNAL LEFT KNEE PROSTHETIC JOINT, SUBS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	NONPYOGENIC MENINGITIS	Family Medicine	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	PNEUMOCOCCAL ARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	PUNCTURE WOUND W/O FOREIGN BODY OF UNSP PART OF HEAD, INIT	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	RECTAL ABSCESS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	SICK SINUS SYNDROME	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	STEM CELLS TRANSPLANT STATUS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	UNSPECIFIED ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HOME INFUSION/VISIT 2 HRS	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	4		0		0
HOME MGMT GEST HYPERTENSION	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER	Ancillary	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE II PORTABLE MONITOR; MIN 7 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	3		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	3		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	BODY MASS INDEX (BMI) 31.0-31.9, ADULT	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	CENTRILOBULAR EMPHYSEMA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	CHRONIC FATIGUE, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	CHRONIC RHINITIS	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	CIRCADIAN RHYTHM SLEEP DISORDER, IRREGULAR SLEEP WAKE TYPE	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	COUGH	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	DIZZINESS AND GIDDINESS	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	DYSPNEA, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Denied	1	Services are not medically necessary	1		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	HYPERSOMNIA DUE TO OTHER MENTAL DISORDER	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	13		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	INFLAMMATORY POLYARTHROPATHY	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	INSOMNIA, UNSPECIFIED	Respiratory	Approved	5		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	MANDIBULAR HYPOPLASIA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OBESITY, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	740		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	13	Services are not medically necessary	13		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER ASTHMA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER FATIGUE	Respiratory	Approved	8		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER HYPERSOMNIA	Respiratory	Approved	31		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER INSOMNIA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER OBESITY DUE TO EXCESS CALORIES	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER SLEEP APNEA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER SLEEP DISORDERS	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	PARASOMNIA, UNSPECIFIED	Respiratory	Approved	3		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	PNEUMONIA, UNSPECIFIED ORGANISM	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	PRIMARY INSOMNIA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	PSYCHOPHYSIOLOGIC INSOMNIA	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	RECURRENT HYPERSOMNIA	Respiratory	Approved	3		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SECONDARY POLYCYTHEMIA	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SHORTNESS OF BREATH	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	105		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	3	Services are not medically necessary	3		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP DEPRIVATION	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	9		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP DISORDER, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SNORING	Respiratory	Approved	81		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SOMNOLENCE	Respiratory	Approved	4		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Respiratory	Approved	1		0		0

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HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	UNSPECIFIED ASTHMA, UNCOMPLICATED	Respiratory	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	Facility	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	INSOMNIA, UNSPECIFIED	NULL	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	8		0		0
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NULL	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Other	Approved	2		0		0
HOME SLEEP TEST/TYPE 3 PORTA	OTHER SPECIFIED DISORDERS OF TENDON, LEFT ANKLE AND FOOT	Facility	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	OTHER SPECIFIED DISORDERS OF TENDON, LEFT ANKLE AND FOOT	Neurology	Approved	1		0		0
HOME SLEEP TEST/TYPE 3 PORTA	SOMNOLENCE	Sleep Medicine	Approved	1		0		0
HOME VENT INVASIVE INTERFACE	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
HOME VENT INVASIVE INTERFACE	ACUTE BRONCHITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME VENT INVASIVE INTERFACE	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
HOME VENT NON-INVASIVE INTER	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME VENT NON-INVASIVE INTER	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	2	Services are not medically necessary	2		0
HOME VENT NON-INVASIVE INTER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME VISIT FOR HEMODIALYSIS	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME VISIT FOR HEMODIALYSIS	DIARRHEA, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME VISIT FOR HEMODIALYSIS	END STAGE RENAL DISEASE	Ancillary	Approved	11		0		0
HOME VISIT FOR HEMODIALYSIS	END STAGE RENAL DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
HOME VISIT FOR HEMODIALYSIS	End stage renal disease	Anesthesiology		0		0	Denied	1
HOME VISIT FOR HEMODIALYSIS	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
HOME VISIT FOR HEMODIALYSIS	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Family Medicine	Denied	1	Services are not medically necessary	1		0
HOME VISIT FOR HEMODIALYSIS	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	Ancillary	Approved	1		0		0
HOME VISIT FOR HEMODIALYSIS	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	Ancillary	Denied	2	Services are not medically necessary	2		0
HOME VISIT RESP THERAPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	8		0		0
HOME VISIT RN, LPN BY RHC/FQ	PREGNANT STATE, INCIDENTAL	Ancillary	Approved	1		0		0
HORIZANT	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Internal Medicine		0		0	Denied	1
HORIZANT	RESTLESS LEGS SYNDROME	Urology		0		0	Denied	1
HORIZANT ER	UNSPECIFIED MONONEUROPATHY OF RIGHT LOWER LIMB	Pulmonary Disease		0		0	Denied	1
HORIZANT ER 300 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 300 MG TABLET	LESION OF ULNAR NERVE, LEFT UPPER LIMB	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 300 MG TABLET	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Pain Management	Approved	1		0		0
HORIZANT ER 300 MG TABLET	POLYNEUROPATHY, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 300 MG TABLET	POSTHERPETIC POLYNEUROPATHY	Pain Management	Approved	1		0		0
HORIZANT ER 300 MG TABLET	POSTHERPETIC TRIGEMINAL NEURALGIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 300 MG TABLET	RADICULOPATHY, SITE UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 300 MG TABLET	RESTLESS LEGS SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 300 MG TABLET	RESTLESS LEGS SYNDROME	Neurology	Denied	3	Services are not medically necessary	3		0
HORIZANT ER 300 MG TABLET	RESTLESS LEGS SYNDROME	Pain Management	Approved	3		0		0
HORIZANT ER 300 MG TABLET	RESTLESS LEGS SYNDROME	Physician Assistant	Approved	1		0		0
HORIZANT ER 600 MG TABLET	CERVICALGIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
HORIZANT ER 600 MG TABLET	CHRONIC PAIN SYNDROME	Neurology	Approved	1		0		0
HORIZANT ER 600 MG TABLET	CHRONIC PAIN SYNDROME	Nurse Practitioner	Approved	1		0		0

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HORIZANT ER 600 MG TABLET	FIBROMYALGIA	Internal Medicine	Approved	1		0		0
HORIZANT ER 600 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Anesthesiology	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
HORIZANT ER 600 MG TABLET	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Anesthesiology	Approved	1		0		0
HORIZANT ER 600 MG TABLET	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	PAIN DUE TO OTHER INTERNAL PROSTH DEV/GRFT, INIT	Pain Management	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	POLYNEUROPATHY, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Family Medicine	Approved	1		0		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Family Medicine	Denied	5	Services are not medically necessary	5		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Internal Medicine	Approved	1		0		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Neurology	Approved	1		0		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Neurology	Denied	3	Services are not medically necessary	3		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Nurse Practitioner	Approved	2		0		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Pain Management	Approved	3		0		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Psychiatry	Denied	3	Services are not medically necessary	3		0
HORIZANT ER 600 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	UNSPECIFIED MONONEUROPATHY OF RIGHT LOWER LIMB	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
HOSP BED FIXED HT W/ MATTRES	ADULT FAILURE TO THRIVE	Ancillary	Approved	1		0		0
HOSP BED HVY DTY XTRA WIDE	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Ancillary	Approved	1		0		0
HOSP BED HVY DTY XTRA WIDE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
HOSP BED SEMI-ELECTR W/ MATT	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	Ancillary	Approved	1		0		0
HOSP BED SEMI-ELECTR W/ MATT	AUTISTIC DISORDER	Ancillary	Approved	1		0		0
HOSP BED SEMI-ELECTR W/ MATT	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
HOSP BED SEMI-ELECTR W/ MATT	FRACTURE OF UNSP PART OF NECK OF RIGHT FEMUR, INIT	Ancillary	Approved	1		0		0
HOSP BED SEMI-ELECTR W/ MATT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	2		0		0
HOSP BED SEMI-ELECTR W/ MATT	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Ancillary	Approved	1		0		0
HOSP BED SEMI-ELECTR W/ MATT	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Ancillary	Approved	1		0		0
HOSP BED TOTAL ELECTR W/ MAT	ACUTE PYELONEPHRITIS	Ancillary	Approved	1		0		0
HOSP BED TOTAL ELECTR W/ MAT	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
HOSP GRADE ELEC BREAST PUMP	ANEMIA COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
HOSP GRADE ELEC BREAST PUMP	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	4		0		0
HOSPICE CARE, IN THE HOME, P	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	ALTERED MENTAL STATUS, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Facility	Approved	4		0		0
HOSPICE CARE, IN THE HOME, P	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	Ancillary	Approved	10		0		0
HOSPICE CARE, IN THE HOME, P	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	END STAGE RENAL DISEASE	Facility	Approved	2		0		0

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HOSPICE CARE, IN THE HOME, P	HYPOKALEMIA	Ancillary	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	HYPOKALEMIA	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	7		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	4		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF GALLBLADDER	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Ancillary	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	5		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF RIGHT OVARY	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Family Medicine	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Ancillary	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Family Medicine	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Family Medicine	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	OTHER AND UNSPECIFIED MISADVENTURES DURING MEDICAL CARE	Ancillary	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	OTHER AND UNSPECIFIED MISADVENTURES DURING MEDICAL CARE	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	OTHER SPECIFIED CARCINOMAS OF LIVER	Ancillary	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	PRIMARY DISORDER OF MUSCLE, UNSPECIFIED	Ancillary	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	SECONDARY MALIGNANT NEOPLASM OF UNSP KIDNEY AND RENAL PELVIS	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	Facility	Approved	1		0		0

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HOSPICE CARE, IN THE HOME, P	SENILE DEGENERATION OF BRAIN, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HOSPICE CONTINUOUS HOME CARE	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
HOSPICE CONTINUOUS HOME CARE	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Ancillary	Approved	1		0		0
HOSPICE CONTINUOUS HOME CARE	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART	Facility	Approved	1		0		0
HOSPICE CONTINUOUS HOME CARE	INTRAHEPATIC BILE DUCT CARCINOMA	Facility	Approved	2		0		0
HOSPICE CONTINUOUS HOME CARE	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Facility	Approved	2		0		0
HOSPICE CONTINUOUS HOME CARE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	2		0		0
HOSPICE CONTINUOUS HOME CARE	PULMONARY FIBROSIS, UNSPECIFIED	Facility	Approved	2		0		0
HOSPICE IN HOSPICE FACILITY	GENERALIZED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
HOSPICE IN LT/NON-SKILLED NF	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE IN SNF	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	2		0		0
HOSPICE OR HOME HLTH IN HOME	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	5		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF GALLBLADDER	Ancillary	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Ancillary	Approved	3		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	2		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Ancillary	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	OTHER CIRRHOSIS OF LIVER	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Ancillary	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	SECONDARY MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
HOSPICE ROUTINE HOME CARE	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
HOSPICE ROUTINE HOME CARE	AMYOTROPHIC LATERAL SCLEROSIS	Facility	Approved	2		0		0
HOSPICE ROUTINE HOME CARE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
HOSPICE ROUTINE HOME CARE	INTRAHEPATIC BILE DUCT CARCINOMA	Facility	Approved	2		0		0
HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	Facility	Approved	2		0		0
HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	2		0		0
HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	2		0		0
HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
HOSPICE ROUTINE HOME CARE	PULMONARY FIBROSIS, UNSPECIFIED	Facility	Approved	5		0		0
HOSPICE ROUTINE HOME CARE	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	3		0		0
HOSPITAL BED VAR HT W/ MATTR	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0

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HOSPITAL OUTPT CLINIC VISIT	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Facility	Denied	2	Services are not medically necessary	2		0
HOT OR COLD PACKS THERAPY	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
HOUSING & INTEGRATED ADHESIV	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Approved	1		0		0
HOUSING & INTEGRATED ADHESIV	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	2	Services are not medically necessary	2		0
HOUSING & INTEGRATED ADHESIV	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
HP ACTHAR	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS	Internal Medicine		0		0	Denied	1
HP ACTHAR	POLYMYOSITIS WITH MYOPATHY	Surgery, Neurological		0		0	Denied	1
HP ACTHAR 80 units	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Surgery, Orthopedic		0		0	Denied	1
HP ACTHAR GEL	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS	Internal Medicine		0		0	Approved	1
HP ACTHAR GEL	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	Allergy/Immunology		0		0	Denied	1
HP ACTHAR GEL 80 UNIT/ML VIAL	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
HP ACTHAR GEL 80 UNIT/ML VIAL	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
HRDRY BRST CA-RLATD DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
HRDRY BRST CA-RLATD DSORDRS	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
HRDRY CARDMPY GENE PANEL	OTHER CARDIOMYOPATHIES	Ancillary	Approved	1		0		0
HRDRY PERPH NEURPHY PANEL	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Ancillary	Approved	3		0		0
HRDRY PERPH NEURPHY PANEL	TESTICULAR HYPOFUNCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
HT HEM HORM INJ DIEM	MALIGNANT NEOPLASM OF LEFT RETINA	Ancillary	Approved	1		0		0
HT INJ ANTICOAG DIEM	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF RIGHT FEMUR, INIT	Ancillary	Approved	1		0		0
HT INJ ANTICOAG DIEM	PSEUDOMONAS (MALLEI) CAUSING DISEASES CLASSD ELSWHR	Ancillary	Approved	1		0		0
HT INJ ANTIEMETIC DIEM	INFECT/INFLM REACTION DUE TO INTERNAL R KNEE PROSTH, INIT	Ancillary	Approved	1		0		0
HT INJ ANTIEMETIC DIEM	MODERATE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	2		0		0
HT INJ ANTIEMETIC DIEM	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
HT INJ ANTIEMETIC DIEM	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Approved	2		0		0
HT INJ HORMONE DIEM	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Ancillary	Approved	1		0		0
HT INJ HORMONE DIEM	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
HT INJ HORMONE DIEM	HISTORY OF UTERINE SCAR FROM PREVIOUS SURGERY	Ancillary	Approved	1		0		0
HT INJ HORMONE DIEM	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, UNSP TRIMESTER	Ancillary	Approved	1		0		0
HT INJ HORMONE DIEM	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Ancillary	Approved	1		0		0
HT INJ HORMONE DIEM	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Ancillary	Approved	9		0		0
HT INJ NOC PER DIEM	EMBOLISM AND THROMBOSIS OF RENAL VEIN	Ancillary	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	3		0		0
HT MUSCLE IMAGE SPECT MULT	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Facility	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR SURGERY	Approved	2		0		0

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HT MUSCLE IMAGE SPECT MULT	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	CHEST PAIN, UNSPECIFIED	HOSPITAL	Approved	2		0		0
HT MUSCLE IMAGE SPECT MULT	CHEST PAIN, UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	CORONARY ANGIOPLASTY STATUS	INTERNAL MEDICINE	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Cardiovascular Disease	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	EDEMA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Family Medicine	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	HYPERLIPIDEMIA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	OTHER CHEST PAIN	CARDIOVASCULAR SURGERY	Approved	4		0		0
HT MUSCLE IMAGE SPECT MULT	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	CARDIOVASCULAR SURGERY	Approved	4		0		0
HT MUSCLE IMAGE SPECT MULT	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Cardiovascular Disease	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	2		0		0
HT MUSCLE IMAGE SPECT MULT	PERIPHERAL VASCULAR ANGIOPLASTY STATUS W IMPLANTS AND GRAFTS	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	PRECORDIAL PAIN	Cardiovascular Disease	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	PRECORDIAL PAIN	CARDIOVASCULAR SURGERY	Approved	2		0		0
HT MUSCLE IMAGE SPECT MULT	PRESENCE OF AORTOCORONARY BYPASS GRAFT	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	6		0		0
HT MUSCLE IMAGE SPECT MULT	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR SURGERY	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	1		0		0
HTR2A HTR2C GENES	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
HUMALOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
HUMALOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
HUMALOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Approved	1		0		0

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HUMALOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
HUMALOG 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
HUMALOG 100 UNITS/ML CARTRIDGE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
HUMALOG 100 UNITS/ML KWIKPEN	DIABETES DUE TO UNDERLYING CONDITION W KETOACIDOSIS W COMA	Physician	Denied	1	Services are not medically necessary	1		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner	Approved	1		0		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
HUMALOG 100 UNITS/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
HUMALOG 200 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
HUMALOG 200 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
HUMALOG 200 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Approved	1		0		0
HUMALOG 200 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	2		0		0
HUMALOG 200 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
HUMALOG MIX 75-25 KWIKPEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Endocrinology And Metabolism	Approved	1		0		0
HUMALOG MIX 75-25 KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
HUMALOG MIX 75-25 KWIKPEN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Approved	1		0		0
HUMATE-P, INJ	HEREDITARY FACTOR VIII DEFICIENCY	Oncology	Approved	1		0		0
HUMATROPE	HYPOPITUITARISM	Cardiovascular Disease		0		0	Approved	1
HUMATROPE	HYPOPITUITARISM	Counseling		0		0	Denied	1
HUMATROPE	Hypopituitarism	Dermatology		0		0	Approved	2
HUMATROPE	HYPOPITUITARISM	Endocrinology And Metabolism		0		0	Approved	1
HUMATROPE	HYPOPITUITARISM	Neurology		0		0	Approved	1
HUMATROPE	HYPOPITUITARISM	Neurology		0		0	Denied	1
HUMATROPE	HYPOPITUITARISM	Obstetrics/Gynecology		0		0	Denied	1
HUMATROPE	SHORT STATURE (CHILD)	Dermatology		0		0	Denied	1
HUMATROPE	SHORT STATURE (CHILD)	Emergency Medicine		0		0	Denied	2
HUMATROPE	SHORT STATURE (CHILD)	Pain Management		0		0	Denied	1
HUMATROPE	SHORT STATURE (CHILD)	Physician		0		0	Denied	1
HUMATROPE	TURNER'S SYNDROME, UNSPECIFIED	Internal Medicine		0		0	Approved	1
HUMATROPE 12 MG CARTRIDGE		Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 12 MG CARTRIDGE		Pediatric Endocrinology	Approved	2		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOFUNCTION AND OTHER DISORDERS OF THE PITUITARY GLAND	Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	8		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0

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HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Approved	11		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Denied	6	Services are not medically necessary	6		0
HUMATROPE 12 MG CARTRIDGE	NEWBORN AFFECTED BY SLOW INTRAUTERINE GROWTH, UNSPECIFIED	Pediatric Endocrinology	Approved	2		0		0
HUMATROPE 12 MG CARTRIDGE	NEWBORN AFFECTED BY SLOW INTRAUTERINE GROWTH, UNSPECIFIED	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 12 MG CARTRIDGE	OTH CONGENITAL MALFORMATION SYNDROMES, NEC	Pediatric Endocrinology	Approved	1		0		0
HUMATROPE 12 MG CARTRIDGE	OTH CONGENITAL MALFORMATION SYNDROMES, NEC	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 12 MG CARTRIDGE	PERSISTENT HYPERPLASIA OF THYMUS	Pediatric Endocrinology	Approved	1		0		0
HUMATROPE 12 MG CARTRIDGE	SHORT STATURE (CHILD)	Pediatric Endocrinology	Approved	3		0		0
HUMATROPE 12 MG CARTRIDGE	SHORT STATURE (CHILD)	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 12 MG CARTRIDGE	TURNER'S SYNDROME, UNSPECIFIED	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	ALTERNATING ESOTROPIA	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 24 MG CARTRIDGE	HYPOPITUITARISM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Approved	11		0		0
HUMATROPE 24 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
HUMATROPE 24 MG CARTRIDGE	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	SHORT STATURE (CHILD)	Pediatric Endocrinology	Approved	2		0		0
HUMATROPE 24 MG CARTRIDGE	SHORT STATURE (CHILD)	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	SHORT STATURE DUE TO ENDOCRINE DISORDER	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	TURNER'S SYNDROME, UNSPECIFIED	Pediatric Endocrinology	Approved	1		0		0
HUMATROPE 24 MG CARTRIDGE	UNSP CHRONIC RESP DISEASE ORIGIN IN THE PERINATAL PERIOD	Pediatric Endocrinology	Approved	1		0		0
HUMATROPE 5 MG VIAL	HYPOPITUITARISM	Pediatric Endocrinology	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE		Pediatric Endocrinology	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Pediatric Nephrology	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Pediatric Endocrinology	Approved	2		0		0
HUMATROPE 6 MG CARTRIDGE	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Approved	5		0		0
HUMATROPE 6 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 6 MG CARTRIDGE	HYPOPITUITARISM	Physician	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	HYPOTHALAMIC DYSFUNCTION, NOT ELSEWHERE CLASSIFIED	Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	NEWBORN SMALL FOR GESTATIONAL AGE, UNSPECIFIED WEIGHT	Pediatrics	Denied	1	Services are not medically necessary	1		0
HUMATROPE 6 MG CARTRIDGE	PANHYPOPITUITARISM	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
HUMATROPE 6 MG CARTRIDGE	SHORT STATURE (CHILD)	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
HUMATROPE 6 MG CARTRIDGE	TESTICULAR HYPOFUNCTION	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
HUMATROPE 6 MG CARTRIDGE	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Pediatric Endocrinology	Approved	1		0		0
HUMIDIFIER HEATED USED W PAP	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
HUMIDIFIER HEATED USED W PAP	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	2	Services are not medically necessary	2		0
HUMIDIFIER HEATED USED W PAP	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
HUMIDIFIER HEATED USED W PAP	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
HUMIDIFIER HEATED USED W PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	36		0		0
HUMIDIFIER HEATED USED W PAP	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Ancillary	Approved	2		0		0

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HUMIDIFIER HEATED USED W PAP	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
HUMIDIFIER HEATED USED W PAP	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
HUMIDIFIER HEATED USED W PAP	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
HUMIRA	AORTIC ARCH SYNDROME [TAKAYASU]	Nephrology		0		0	Approved	1
HUMIRA	Arthropathic psoriasis, unspecified	Surgery, Plastic		0		0	Approved	1
HUMIRA	PANUVEITIS, BILATERAL	Physician Assistant		0		0	Approved	1
HUMIRA	PSORIASIS VULGARIS	Gastroenterology		0		0	Approved	1
HUMIRA	Psoriasis vulgaris	Internal Medicine		0		0	Approved	1
HUMIRA	PSORIASIS VULGARIS	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
HUMIRA	PSORIASIS VULGARIS	Pain Management		0		0	Approved	1
HUMIRA	Ulcerative colitis, unspecified, without complications	Dermatology		0		0	Approved	1
HUMIRA 40 MG/0.8 ML SYRINGE		Gastroenterology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE		Rheumatology	Approved	2		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	AORTIC ARCH SYNDROME [TAKAYASU]	Family Medicine	Denied	1	Services are not medically necessary	1		0
HUMIRA 40 MG/0.8 ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Rheumatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Gastroenterology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	ILLNESS, UNSPECIFIED	Dermatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	ILLNESS, UNSPECIFIED	Ophthalmology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	4		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	PSORIATIC ARTHRITIS MUTILANS	Dermatology	Denied	1	Services are not medically necessary	1		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Physician Assistant	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	4		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA 40 MG/0.8 ML SYRINGE	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML		Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML		Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS LUMBAR REGION	Rheumatology	Approved	1		0		0

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HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Internal Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Physician	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	10		0		0
HUMIRA PEN 40 MG/0.8 ML	AORTIC ARCH SYNDROME [TAKAYASU]	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	10		0		0
HUMIRA PEN 40 MG/0.8 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	2		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Pediatric Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF SMALL INTESTINE	Physician Assistant	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	Physician Assistant	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Pediatric Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	4		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Surgery, Colon And Rectal	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED SITE	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	HIDRADENITIS SUPPURATIVA	Family Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	INFLAMMATORY POLYARTHROPATHY	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Approved	2		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER PSORIASIS	Dermatology	Approved	5		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0

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HUMIRA PEN 40 MG/0.8 ML	PANUVEITIS	Ophthalmology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	POSTERIOR CYCLITIS, BILATERAL	Ophthalmology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS VULGARIS	Dermatology	Approved	14		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS VULGARIS	Physician	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS, UNSPECIFIED	Dermatology	Approved	9		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIATIC SPONDYLITIS	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PYODERMA GANGRENOSUM	Dermatology	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	6		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	4		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	7		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID POLYNEUROP W RHEUMATOID ARTHRITIS OF UNSP SITE	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	SARCOID IRIDOCYCLITIS	Ophthalmology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Gastroenterology	Denied	2	Services are not medically necessary	2		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	UNSP INFLAMMATORY SPONDYLOPATHY, MULTIPLE SITES IN SPINE	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	UNSPECIFIED IRIDOCYCLITIS	Rheumatology	Approved	1		0		0

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HUMIRA PEN CROHN-UC-HS 40 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA PEN CROHN-UC-HS 40 MG	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	4		0		0
HUMIRA PEN CROHN-UC-HS 40 MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA PEN PS-UV-ADOL HS 40 MG	OTHER PSORIASIS	Dermatology	Approved	1		0		0
HUMIRA PEN PS-UV-ADOL HS 40 MG	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
HUMIRA PEN PS-UV-ADOL HS 40 MG	PSORIASIS, UNSPECIFIED	Physician	Approved	1		0		0
HUMIRA(CF)	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ANKLE AND FOOT	Internal Medicine		0		0	Denied	1
HUMIRA(CF) 20 MG/0.2 ML SYRING	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Pediatric Rheumatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING		Rheumatology	Approved	2		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Family Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	HIDRADENITIS SUPPURATIVA	Physician	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	HIDRADENITIS SUPPURATIVA	Physician Assistant	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Pediatric Rheumatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	OTHER PSORIASIS	Dermatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	POSTERIOR CYCLITIS, BILATERAL	Ophthalmology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	PSORIASIS VULGARIS	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	PSORIASIS VULGARIS	Physician	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	PSORIATIC JUVENILE ARTHROPATHY	Pediatric Rheumatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	4		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEU ARTHRITIS W RHEU FACTOR OF UNSP SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	2		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	3		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEDI CROHN 80MG/0.8	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML		Rheumatology	Approved	4		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	4		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	5		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCYGEAL REGION	Rheumatology	Approved	1		0		0

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HUMIRA(CF) PEN 40 MG/0.4 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Physician	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	14		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN 40 MG/0.4 ML	BEHCET'S DISEASE	Pediatrics	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	Pediatric Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Pediatric Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Physician Assistant	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Surgery, Colon And Rectal	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	6		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	HIDRADENITIS SUPPURATIVA	Physician	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	HIDRADENITIS SUPPURATIVA	Physician Assistant	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ILLNESS, UNSPECIFIED	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	INFLAMMATORY POLYARTHROPATHY	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Pediatric Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER PSORIASIS	Dermatology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER PSORIASIS	Physician	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	6		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PANUVEITIS, BILATERAL	Rheumatology	Denied	1	Services are not medically necessary	1		0

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HUMIRA(CF) PEN 40 MG/0.4 ML	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Pediatric Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	POLYARTHRITIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIASIS VULGARIS	Dermatology	Approved	15		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIASIS VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIASIS VULGARIS	Family Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RECURRENT ACUTE IRIDOCYCLITIS, BILATERAL	Ophthalmology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	11		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEU ARTHRITIS W RHEU FACTOR OF UNSP SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, UNSP ANK/FT	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, VERTEBRAE	Physician	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	13		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	Pediatric Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Pediatric Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	UNSP JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE	Pediatrics	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	4		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0

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HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	8		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	HIDRADENITIS SUPPURATIVA	Physician	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	HIDRADENITIS SUPPURATIVA	Physician Assistant	Approved	2		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	HIDRADENITIS SUPPURATIVA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Pediatric Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	ULCERATIVE COLITIS, UNSPECIFIED WITH ABSCESS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	HIDRADENITIS SUPPURATIVA	Physician Assistant	Approved	1		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	OTHER PSORIASIS	Dermatology	Approved	4		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	OTHER PSORIASIS	Physician Assistant	Approved	2		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PANUVEITIS, BILATERAL	Ophthalmology	Approved	1		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PSORIASIS VULGARIS	Dermatology	Approved	10		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PSORIASIS VULGARIS	Dermatology	Denied	3	Services are not medically necessary	3		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PSORIASIS VULGARIS	Physician	Approved	2		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PSORIASIS VULGARIS	Physician	Denied	2	Services are not medically necessary	2		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PSORIASIS VULGARIS	Physician Assistant	Approved	2		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
HUMULIN 70-30 VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
HUMULIN N 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Approved	1		0		0
HUMULIN R 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0
HUMULIN R 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
HUMULIN R 500 UNITS/ML KWIKPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
HUMULIN R 500 UNITS/ML KWIKPEN	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Endocrinology And Metabolism	Approved	1		0		0
HUMULIN R 500 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	4		0		0
HUMULIN R 500 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	2		0		0
HUMULIN R 500 UNITS/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
HYALGAN 20 MG/2 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Family Medicine	Approved	1		0		0

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HYALGAN SUPARTZ VISCO-3 DOSE	ACHILLES TENDINITIS, RIGHT LEG	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	CHEST PAIN, UNSPECIFIED	Family Medicine	Approved	2		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	DISPLACED UNSP FRACTURE OF RIGHT LESSER TOE(S), INIT	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	DYSPHAGIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	2		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	PAIN IN LEFT KNEE	Pain Management	Denied	2	Services are not medically necessary	2		0
HYALGAN SUPARTZ VISCO-3 DOSE	PAIN IN LEFT KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	PAIN IN RIGHT KNEE	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	5		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Denied	2	Services are not medically necessary	2		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pharmacology, Clinical	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	3	Services are not medically necessary	3		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	8		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	4	Services are not medically necessary	4		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Family Medicine	Approved	2		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Family Medicine	Approved	2		0		0
HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	Physician		0		0	Approved	1
HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Unilateral primary osteoarthritis, right knee	Pain Management		0		0	Approved	1
HYDROCODONE	CHRONIC PAIN SYNDROME	Emergency Medicine		0		0	Approved	1
HYDROCODONE-ACETAMIN 10-300 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-300 MG	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-300 MG	RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-300 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG		Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG		Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG		Rheumatology	Approved	1		0		0

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HYDROCODONE-ACETAMIN 10-325 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Surgery, Neurological	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CERVICALGIA	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CERVICALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	CERVICALGIA	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN DUE TO TRAUMA	Pain Management	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	10		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	4	Services are not medically necessary	4		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Family Medicine	Approved	4		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Family Medicine	Denied	3	Services are not medically necessary	3		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Nephrology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Neurology	Approved	2		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Pain Management	Approved	34		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Pain Management	Denied	6	Services are not medically necessary	6		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	7		0		0
HYDROCODONE-ACETAMIN 10-325 MG	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	DORSALGIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	DYSMENORRHEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	EFFUSION, LEFT KNEE	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	EROSIVE (OSTEO)ARTHRITIS	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	FIBROMYALGIA	Neurology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	FIBROMYALGIA	Rheumatology	Approved	2		0		0
HYDROCODONE-ACETAMIN 10-325 MG	Follicular cyst of ovary, unspecified side	Emergency Medicine		0		0	Approved	1
HYDROCODONE-ACETAMIN 10-325 MG	FOLLICULAR CYST OF OVARY, UNSPECIFIED SIDE	General Practice	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	INTERSTITIAL CYSTITIS (CHRONIC) WITHOUT HEMATURIA	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	General Practice	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	General Practice	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	LATERAL EPICONDYLITIS, RIGHT ELBOW	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Family Medicine	Approved	6		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Internal Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Pain Management	Approved	5		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Sports Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LUMBAGO WITH SCIATICA, LEFT SIDE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	LUMBAGO WITH SCIATICA, LEFT SIDE	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LUMBAGO WITH SCIATICA, LEFT SIDE	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LUMBAGO WITH SCIATICA, RIGHT SIDE	General Practice	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Physical Medicine	Approved	1		0		0

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HYDROCODONE-ACETAMIN 10-325 MG	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	Oncology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	MALIGNANT NEOPLASM OF RETROPERITONEUM	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Hematology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	MYALGIA	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	MYELOFIBROSIS	Oncology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	NEURALGIA AND NEURITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTH FRACTURE OF RIGHT PATELLA, SUBS FOR CLOS FX W DELAY HEAL	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER ACUTE POSTPROCEDURAL PAIN	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CERV DISC DEGENERATION, MID-CERVICAL RGN, UNSP LEVEL	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CERVICAL DISC DEGENERATION, CERVICOTHORACIC REGION	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CHRONIC PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CHRONIC PAIN	Infectious Disease	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CHRONIC PAIN	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CHRONIC PAIN	Pain Management	Approved	3		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CHRONIC POSTPROCEDURAL PAIN	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CHRONIC POSTPROCEDURAL PAIN	Sports Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	3		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPONDYLOSIS, LUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SEQUELA	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN LEFT KNEE	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN LEFT SHOULDER	Internal Medicine	Approved	1		0		0

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HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN LEFT THIGH	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN RIGHT KNEE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN RIGHT KNEE	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN THORACIC SPINE	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN UNSPECIFIED HIP	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN UNSPECIFIED HIP	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN UNSPECIFIED KNEE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN, NOT ELSEWHERE CLASSIFIED	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PELVIC AND PERINEAL PAIN	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	POSTERIOR SUBLUXATION OF LEFT HUMERUS, SUBSEQUENT ENCOUNTER	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Approved	2		0		0
HYDROCODONE-ACETAMIN 10-325 MG	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	5		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	Surgery, Orthopedic	Approved	2		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PRESENCE OF UNSPECIFIED ARTIFICIAL HIP JOINT	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	Podiatry	Approved	4		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	3		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, LUMBAR REGION	Neurology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	3		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, SITE UNSPECIFIED	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, THORACIC REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, THORACOLUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SCIATICA, LEFT SIDE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SCIATICA, RIGHT SIDE	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SPINAL STENOSIS, CERVICAL REGION	Physician	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, Neurological	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Physical Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SPINAL STENOSIS, LUMBOSACRAL REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	General Practice	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	1		0		0

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HYDROCODONE-ACETAMIN 10-325 MG	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNR	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNR	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG		Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG		Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CALCULUS OF KIDNEY	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CERVICALGIA	Family Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CERVICALGIA	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CERVICALGIA	Physician	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CHRONIC PAIN SYNDROME	Pain Management	Approved	4		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CHRONIC PAIN SYNDROME	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 5-325 MG	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, L KNEE, SUBS	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	DORSALGIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	DORSALGIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 5-325 MG	FIBROMYALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 5-325 MG	FRACTURE OF PATELLA	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR, INIT	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	HALLUX VALGUS (ACQUIRED), LEFT FOOT	Podiatry	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LOW BACK PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LOW BACK PAIN	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LOW BACK PAIN	Physical Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LUMBAGO WITH SCIATICA, LEFT SIDE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MALIGNANT NEOPLASM OF RECTUM	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Oncology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MISSED ABORTION	Obstetrics/Gynecology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MULTIPLE FRACTURES OF RIBS, LEFT SIDE, INIT FOR CLOS FX	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	MYALGIA	Rheumatology	Approved	1		0		0

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HYDROCODONE-ACETAMIN 5-325 MG	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	NONTRAUMATIC CHRONIC SUBDURAL HEMORRHAGE	Surgery, Neurological	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER ACUTE POSTPROCEDURAL PAIN	Obstetrics/Gynecology	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER ACUTE POSTPROCEDURAL PAIN	Surgery, Plastic	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER CHRONIC PAIN	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER CHRONIC PAIN	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER CHRONIC PAIN	Oncology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER CHRONIC PAIN	Physician Assistant	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER SPONDYLOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PAIN IN LEFT KNEE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PAIN IN LEFT LEG	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PAIN IN RIGHT TOE(S)	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PAIN IN THORACIC SPINE	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PAIN IN UNSPECIFIED KNEE	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PAIN, UNSPECIFIED	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PELVIC AND PERINEAL PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Family Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	Hematology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	POSTCONCUSSIONAL SYNDROME	Pediatrics	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PSORIASIS	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG		Pediatric Rehabilitation Medicine						
HYDROCODONE-ACETAMIN 5-325 MG	RADICULOPATHY, CERVICAL REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	RADICULOPATHY, LUMBAR REGION	Internal Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Family Medicine	Approved	1		0		0

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HYDROCODONE-ACETAMIN 5-325 MG	UNSPECIFIED OPEN WOUND OF LEFT HAND, INITIAL ENCOUNTER	Physician	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-300	LOW BACK PAIN	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	CERVICALGIA	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	6		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Nurse Practitioner	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Pain Management	Approved	7		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Physician	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	DORSALGIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	FIBROMYALGIA	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	HALLUX VALGUS (ACQUIRED), LEFT FOOT	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	HEADACHE	Physician	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LEFT UPPER QUADRANT PAIN	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LOW BACK PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 7.5-325	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LOW BACK PAIN	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LOW BACK PAIN	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LUMBAGO WITH SCIATICA, LEFT SIDE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Neurology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Nurse Practitioner	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OSTEOARTHRITIS OF HIP, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER CHRONIC PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER CHRONIC PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Internal Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Nurse Practitioner	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER SPECIFIED BURSOPATHIES	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Psychiatry	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	PAIN IN RIGHT FOOT	Podiatry	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	PAIN IN UNSPECIFIED JOINT	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	POLYNEUROPATHY, UNSPECIFIED	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	POLYOSTEOARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Approved	1		0		0

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HYDROCODONE-ACETAMIN 7.5-325	RADICULOPATHY, CERVICAL REGION	Neurology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	RADICULOPATHY, CERVICAL REGION	Physician Assistant	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	RADICULOPATHY, CERVICOTHORACIC REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	RADICULOPATHY, LUMBAR REGION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 7.5-325	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	2		0		0
HYDROCODONE-ACETAMIN 7.5-325	RADICULOPATHY, LUMBAR REGION	Pediatric Neurology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 7.5-325	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	SPONDYLOLYSIS, THORACIC REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMN 7.5-325/15	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMN 7.5-325/15	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
HYDROCODONE-ACETAMN 7.5-325/15	MERKEL CELL CARCINOMA OF UNSPECIFIED PART OF FACE	Radiation Oncology	Approved	1		0		0
HYDROCODONE-ACETAMN 7.5-325/15	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-CHLORPHEN ER SUSP	COUGH	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-HOMATROPINE SYRUP	COUGH	Anesthesiology	Approved	1		0		0
HYDROCODONE-HOMATROPINE SYRUP	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hospice And Palliative Medicine	Approved	1		0		0
HYDROCODONE-IBUPROFEN 10-200	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-IBUPROFEN 5-200 MG	RADICULOPATHY, CERVICAL REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-IBUPROFEN 5-200 MG	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-IBUPROFEN 7.5-200	CHRONIC PAIN SYNDROME	Nurse Practitioner	Approved	1		0		0
HYDROCODONE-IBUPROFEN 7.5-200	MYALGIA	Neurology	Approved	1		0		0
HYDROCODONE-IBUPROFEN 7.5-200	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-IBUPROFEN 7.5-200	PAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HYDROCODONE-IBUPROFEN 7.5-200	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-IBUPROFEN 7.5-200	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, LEFT LEG, INIT	Surgery, Orthopedic	Approved	1		0		0
HYDROCORTISONE BUTYR 0.1% LOTN	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
HYDROCORTISONE SODIUM SUCC I	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	4		0		0
HYDROMORPHONE 2 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Anesthesiology	Approved	1		0		0
HYDROMORPHONE 2 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Emergency Medicine	Approved	1		0		0
HYDROMORPHONE 2 MG TABLET	OTHER ACUTE POSTPROCEDURAL PAIN	Surgery, Orthopedic	Approved	1		0		0
HYDROMORPHONE 2 MG TABLET	OTHER CHRONIC PAIN	Family Medicine	Approved	1		0		0

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HYDROMORPHONE 2 MG TABLET	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	3		0		0
HYDROMORPHONE 4 MG TABLET	FIBROMYALGIA	Physical Medicine	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Oncology	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Hematology	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	OTHER CHRONIC PAIN	Physical Medicine	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	OTHER CHRONIC PANCREATITIS	Pain Management	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYDROMORPHONE 4 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Physical Medicine	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
HYDROMORPHONE 4 MG TABLET	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Surgery, Neurological	Approved	1		0		0
HYDROMORPHONE 8 MG TABLET	CERVICALGIA	Neurology	Approved	1		0		0
HYDROMORPHONE 8 MG TABLET	CHRONIC PAIN DUE TO TRAUMA	Internal Medicine	Approved	1		0		0
HYDROMORPHONE 8 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
HYDROMORPHONE 8 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Approved	1		0		0
HYDROMORPHONE 8 MG TABLET	OTHER CHRONIC PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
HYDROMORPHONE 8 MG TABLET	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Anesthesiology	Approved	1		0		0
HYDROMORPHONE HCL ER 12 MG TAB	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
HYDROMORPHONE HCL ER 8 MG TAB	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
HYDROMORPHONE HCL ER 8 MG TAB	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
HYDROMORPHONE HCL ER 8 MG TAB	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	2		0		0
HYDROMORPHONE HCL ER 8 MG TAB	OTHER CHRONIC PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYDROQUINONE 4% CREAM		Family Medicine	Denied	1	Services are not medically necessary	1		0
HYDROXYCHLOROQUINE 200 MG TAB	PAIN IN UNSPECIFIED JOINT	Rheumatology	Approved	1		0		0
HYDROXYCHLOROQUINE 200 MG TAB	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	3		0		0
HYDROXYCHLOROQUINE 200 MG TAB	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	2		0		0
HYDROXYCHLOROQUINE 200 MG TAB	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	2		0		0
HYDROXYPROGEST 250 MG/ML VIAL	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
HYDROXYZINE HCL INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
HYDROXYZINE HCL INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
HYLATOPICPLUS LOTION	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Denied	1	Services are not medically necessary	1		0
HYMENOTOMY	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	Ancillary	Approved	1		0		0
HYMOVIS 24 MG/3 ML SYRINGE	PAIN IN RIGHT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
HYMOVIS 24 MG/3 ML SYRINGE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYMOVIS INJECTION 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Anesthesiology	Denied	3	Services are not medically necessary	3		0
HYMOVIS INJECTION 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYMOVIS INJECTION 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
HYMOVIS INJECTION 1 MG	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Family Medicine	Approved	1		0		0
HYMOVIS INJECTION 1 MG	PAIN IN LEFT KNEE	PAIN MANAGEMENT	Approved	6		0		0
HYMOVIS INJECTION 1 MG	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Approved	2		0		0

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HYMOVIS INJECTION 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PAIN MANAGEMENT	Approved	2		0		0
HYMOVIS INJECTION 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
HYMOVIS INJECTION 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYMOVIS INJECTION 1 MG	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	PAIN MANAGEMENT	Approved	2		0		0
HYOID MYOTOMY & SUSPENSION	HYPERTROPHY OF TONGUE PAPILLAE	Facility	Approved	1		0		0
HYOID MYOTOMY & SUSPENSION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
HYPERBARIC OXYGEN THERAPY	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYPERBARIC OXYGEN THERAPY	CUTANEOUS ABSCESS OF RIGHT HAND	Facility	Approved	2		0		0
HYPERBARIC OXYGEN THERAPY	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	INFLAMMATORY CONDITIONS OF JAWS	Facility	Approved	3		0		0
HYPERBARIC OXYGEN THERAPY	NON-PRS CHR ULC OTH PRT R FOOT WITH MSL INVL W/O EVD OF NECR	Facility	Approved	2		0		0
HYPERBARIC OXYGEN THERAPY	NON-PRS CHRONIC ULCER OF RIGHT THIGH W NECROSIS OF MUSCLE	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W NECROSIS OF MUSCLE	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	Facility	Approved	4		0		0
HYPERBARIC OXYGEN THERAPY	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
HYPERBARIC OXYGEN THERAPY	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYPERBARIC OXYGEN THERAPY	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Hyperbaric & Undersea Medicine	Approved	2		0		0
HYPERBARIC OXYGEN THERAPY	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Ancillary	Approved	2		0		0
HYPERBARIC OXYGEN THERAPY	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Facility	Approved	4		0		0
HYPERBARIC OXYGEN THERAPY	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Hyperbaric & Undersea Medicine	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	OTHER OSTEONECROSIS, OTHER SITE	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	RECURRENT AND PERSISTENT HEMATURIA W OTH MORPHOLOGIC CHANGES	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Family Medicine	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Hyperbaric & Undersea Medicine	Approved	2		0		0
HYPERRHO S-D 1,500 UNIT SYRING	TYPE O BLOOD, RH NEGATIVE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
HYPER-SAL 3.5% VIAL	BRONCHIECTASIS WITH (ACUTE) EXACERBATION	Internal Medicine	Approved	1		0		0
HYPER-SAL 3.5% VIAL	BRONCHIECTASIS, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
HYPOSPADIAS REPAIR; PLASTIC REPAIR OF PENIS FOR CORRECTION OF CHORDEE WITH TRANSPLANTATION OF PREP	Q54.9 - Hypospadias	Pediatrics	Approved	1		0		0
HYQVIA 100MG IMMUNEGLOBULIN	CONGENITAL TRICUSPID STENOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HYQVIA 100MG IMMUNEGLOBULIN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Allergy/Immunology	Approved	2		0		0
HYQVIA 100MG IMMUNEGLOBULIN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	2		0		0
HYSINGLA ER 20 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	3	Services are not medically necessary	3		0
HYSINGLA ER 20 MG TABLET	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Pain Management	Denied	1	Services are not medically necessary	1		0
HYSINGLA ER 20 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	1		0		0
HYSINGLA ER 20 MG TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
HYSINGLA ER 30 MG TABLET	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Physical Medicine	Approved	1		0		0
HYSINGLA ER 40 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0

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HYSINGLA ER 40 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
HYSINGLA ER 40 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
HYSINGLA ER 40 MG TABLET	PANNICULITIS AFFECTING REGIONS OF NECK/BK, CERVICAL REGION	Family Medicine	Approved	1		0		0
HYSINGLA ER 80 MG TABLET	BENIGN INTRACRANIAL HYPERTENSION	Neurology	Approved	1		0		0
HYSTERECTOMY/REVISE VAGINA	INCOMPLETE UTEROVAGINAL PROLAPSE	Other	Approved	1		0		0
HYSTEROGRAM	N97.0 - Female infertility associated with anovulation	OB/Gyn	Approved	1		0		0
HYSTEROSCOPE PROCEDURE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
HYSTEROSCOPE PROCEDURE	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, SUBS	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	1		0		0
HYSTEROSCOPY ABLATION	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	ENCOUNTER FOR REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	ENDOMETRIOSIS OF UTERUS	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	2		0		0
HYSTEROSCOPY ABLATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	4		0		0
HYSTEROSCOPY ABLATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	5		0		0
HYSTEROSCOPY ABLATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Family Medicine	Approved	1		0		0
HYSTEROSCOPY ABLATION	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	IRREGULAR MENSTRUATION, UNSPECIFIED	Ancillary	Approved	2		0		0
HYSTEROSCOPY ABLATION	IRREGULAR MENSTRUATION, UNSPECIFIED	Facility	Approved	2		0		0
HYSTEROSCOPY ABLATION	LEFT UPPER QUADRANT PAIN	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	OTHER IRON DEFICIENCY ANEMIAS	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Denied	1	Services are not medically necessary	1		0
HYSTEROSCOPY ABLATION	OTHER SPRAIN OF LEFT FOOT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
HYSTEROSCOPY ABLATION	PELVIC AND PERINEAL PAIN	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Ancillary	Approved	4		0		0
HYSTEROSCOPY BIOPSY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Approved	4		0		0
HYSTEROSCOPY BIOPSY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	6		0		0
HYSTEROSCOPY BIOPSY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	11		0		0
HYSTEROSCOPY BIOPSY	BENIGN ENDOMETRIAL HYPERPLASIA	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	BENIGN ENDOMETRIAL HYPERPLASIA	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	CONSTIPATION, UNSPECIFIED	Facility	Approved	2		0		0

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HYSTEROSCOPY BIOPSY	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Facility	Approved	2		0		0
HYSTEROSCOPY BIOPSY	ENCOUNTER FOR FERTILITY TESTING	Facility	Approved	3		0		0
HYSTEROSCOPY BIOPSY	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	Facility	Approved	5		0		0
HYSTEROSCOPY BIOPSY	ENDOMETRIOSIS OF PELVIC PERITONEUM	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	ENDOMETRIOSIS, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	2		0		0
HYSTEROSCOPY BIOPSY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	3		0		0
HYSTEROSCOPY BIOPSY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	FEMALE INFERTILITY OF OTHER ORIGIN	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	FEMALE INFERTILITY OF TUBAL ORIGIN	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	FEMALE INFERTILITY, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	IRREGULAR MENSTRUATION, UNSPECIFIED	Ancillary	Approved	3		0		0
HYSTEROSCOPY BIOPSY	IRREGULAR MENSTRUATION, UNSPECIFIED	Facility	Approved	2		0		0
HYSTEROSCOPY BIOPSY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	4		0		0
HYSTEROSCOPY BIOPSY	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	4		0		0
HYSTEROSCOPY BIOPSY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	PELVIC AND PERINEAL PAIN	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	POLYP OF CERVIX UTERI	Facility	Approved	2		0		0
HYSTEROSCOPY BIOPSY	POLYP OF CORPUS UTERI	Ancillary	Approved	6		0		0
HYSTEROSCOPY BIOPSY	POLYP OF CORPUS UTERI	Facility	Approved	3		0		0
HYSTEROSCOPY BIOPSY	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	POSTMENOPAUSAL BLEEDING	Ancillary	Approved	8		0		0
HYSTEROSCOPY BIOPSY	POSTMENOPAUSAL BLEEDING	Facility	Approved	12		0		0
HYSTEROSCOPY BIOPSY	PREGNANT STATE, INCIDENTAL	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	PRIMARY DYSMENORRHEA	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	SECONDARY DYSMENORRHEA	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
HYSTEROSCOPY BIOPSY	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
HYSTEROSCOPY BIOPSY	SNORING	Ancillary	Approved	1		0		0

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HYSTEROSCOPY BIOPSY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
HYSTEROSCOPY DX SEP PROC	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY DX SEP PROC	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INIT	Ancillary	Approved	1		0		0
HYSTEROSCOPY DX SEP PROC	POSTMENOPAUSAL BLEEDING	Ancillary	Approved	2		0		0
HYSTEROSCOPY DX SEP PROC	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Denied	1	Services are not medically necessary	1		0
HYSTEROSCOPY DX SEP PROC	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY DX SEP PROC	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INIT	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INIT	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	OTH COMPLICATION OF GENITOURINARY PROSTH DEV/GRFT, SUBS	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	PROCEDURE AND TREATMENT NOT CARRIED OUT FOR OTHER REASONS	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE FB	UNSP COMPLICATION OF GENITOURINARY PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	INTRAMURAL LEIOMYOMA OF UTERUS	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	IRREGULAR MENSTRUATION, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	POSTMENOPAUSAL BLEEDING	Ancillary	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	SUBMUCOUS LEIOMYOMA OF UTERUS	Ancillary	Approved	3		0		0
HYSTEROSCOPY REMOVE MYOMA	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
HYSTEROSCOPY, BIOPSY; DILATION AND CURETTAGE; DIAG LAPARO SEPARATE PROC; LAPAROSCOPY, EXCISE LESIO	N73.6 - Female pelvic peritoneal adhesions (postinfective); N80.1 - Endometriosis of ovary; N80.3 - Endometriosis of pelvic peritoneum; N83.201 - Unspecified ovarian cyst, right side; N94.89 - Other specified conditions associated with female genital o	Internal Medicine	Approved	1		0		0
HYSTEROSCOPY, BIOPSY; REOPEN FALLOPIAN TUBE; ANCILLARY ANESTHESIOLOGIST	Z31.41 - Encounter for fertility testing	OB/Gyn	Approved	1		0		0
I & D OF VULVA/PERINEUM	ABSCESS OF VULVA	Facility	Approved	1		0		0
I & D OF VULVA/PERINEUM	CUTANEOUS ABSCESS OF PERINEUM	Facility	Approved	1		0		0
I&D ABSCESS P-SPINE L/S/LS	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
IBRANCE 125 MG CAPSULE		Hematology	Approved	1		0		0
IBRANCE 125 MG CAPSULE	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	Oncology	Approved	1		0		0
IBRANCE 125 MG CAPSULE	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
IBRANCE 125 MG CAPSULE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
IBRANCE 125 MG CAPSULE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0

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IBRANCE 125 MG CAPSULE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
IBRANCE 125 MG CAPSULE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Oncology	Approved	2		0		0
IBRANCE 125 MG CAPSULE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
IBRANCE 125 MG CAPSULE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Internal Medicine	Approved	1		0		0
IBRANCE 75 MG CAPSULE		Hematology	Denied	1	Services are not medically necessary	1		0
IBRANCE 75 MG CAPSULE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
IDARUBICIN HCL INJECTION	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	1		0		0
IDH1 COMMON VARIANTS	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
IDH1 COMMON VARIANTS	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
IDH2 COMMON VARIANTS	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
IDH2 COMMON VARIANTS	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
IFOSFAMIDE INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Facility	Approved	1		0		0
IFOSFAMIDE INJECTION	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Facility	Approved	4		0		0
IFOSFAMIDE INJECTION	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Other	Approved	1		0		0
IFOSFAMIDE INJECTION	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	Facility	Approved	1		0		0
ILARIS 150 MG/ML VIAL	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET	Rheumatology	Approved	1		0		0
ILARIS 150 MG/ML VIAL	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSP SITE	Pediatric Rheumatology	Approved	3		0		0
ILARIS 150 MG/ML VIAL	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSP SITE	Pediatrics	Approved	1		0		0
ILARIS 150 MG/ML VIAL	PERIODIC FEVER SYNDROMES	Pediatric Rheumatology	Approved	1		0		0
ILEOSTOMY/JEJUNOSTOMY	COLOSTOMY STATUS	Other	Approved	1		0		0
ILEOSTOMY/JEJUNOSTOMY	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	2		0		0
ILIAC REVASC	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	1		0		0
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	Facility	Approved	3		0		0
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	6		0		0
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Ancillary	Approved	1		0		0
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
ILIAC REVASC	DISSECTION OF THORACIC AORTA	Facility	Approved	1		0		0
ILIAC REVASC	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
ILIAC REVASC	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
ILIAC REVASC	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
ILIAC REVASC	LOW BACK PAIN	Facility	Approved	1		0		0
ILIAC REVASC	NON-PRESSURE CHRONIC ULCER OTH PRT UNSP FOOT W UNSP SEVERITY	Facility	Approved	3		0		0
ILIAC REVASC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
ILIAC REVASC	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Cardiovascular Disease	Approved	1		0		0

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ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	7		0		0
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
ILIAC REVASC	SCROTAL VARICES	Facility	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC	STRICTURE OF ARTERY	Facility	Approved	1		0		0
ILIAC REVASC ADD-ON	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	1		0		0
ILIAC REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
ILIAC REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
ILIAC REVASC W/STENT	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Facility	Approved	1		0		0
ILIAC REVASC W/STENT	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	1		0		0
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	Surgery, Cardiovascular	Approved	1		0		0
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	Surgery, Vascular	Approved	1		0		0
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	1		0		0
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Ancillary	Approved	1		0		0
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Cardiology, Interventional	Approved	1		0		0
ILIAC REVASC W/STENT	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
ILIAC REVASC W/STENT	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
ILIAC REVASC W/STENT	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
ILIAC REVASC W/STENT	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	4		0		0
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
ILIAC REVASC W/STENT	STRICTURE OF ARTERY	Facility	Approved	1		0		0
ILIAC REVASC W/STENT ADD-ON	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	Surgery, Cardiovascular	Approved	1		0		0
ILIAC REVASC W/STENT ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC W/STENT ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
ILIAC REVASC W/STENT ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
ILUMYA	OTHER PSORIASIS	Physician		0		0	Denied	1
ILUMYA	OTHER PSORIASIS	Rheumatology		0		0	Denied	1
ILUMYA	PSORIASIS VULGARIS	Pain Management		0		0	Denied	1
ILUMYA 100 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
ILUMYA 100 MG/ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Denied	1	Services are not medically necessary	1		0
ILUMYA 100 MG/ML SYRINGE	OTHER PSORIASIS	Dermatology	Denied	3	Services are not medically necessary	3		0

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ILUMYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Denied	3	Services are not medically necessary	3		0
ILUMYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
IMATINIB MESYLATE 100 MG TAB	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
IMATINIB MESYLATE 100 MG TAB	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Approved	2		0		0
IMATINIB MESYLATE 100 MG TAB	GASTROINTESTINAL STROMAL TUMOR OF ESOPHAGUS	Oncology	Approved	1		0		0
IMATINIB MESYLATE 100 MG TAB	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	Hematology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB		Hematology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	Pediatrics	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Hematology	Approved	2		0		0
IMATINIB MESYLATE 400 MG TAB	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION	Oncology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	GASTROINTESTINAL STROMAL TUMOR OF SMALL INTESTINE	Oncology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	Hematology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Oncology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT HIP	Oncology	Approved	1		0		0
IMBRUVICA 140 MG CAPSULE	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
IMBRUVICA 140 MG CAPSULE	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Oncology	Approved	1		0		0
IMBRUVICA 140 MG CAPSULE	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	Oncology	Approved	1		0		0
IMBRUVICA 140 MG CAPSULE	WALDENSTROM MACROGLOBULINEMIA	Internal Medicine	Approved	1		0		0
IMBRUVICA 280 MG TABLET	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Hematology	Approved	2		0		0
IMBRUVICA 280 MG TABLET	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
IMBRUVICA 420 MG TABLET	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Family Medicine	Approved	1		0		0
IMBRUVICA 420 MG TABLET	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Internal Medicine	Approved	2		0		0
IMBRUVICA 420 MG TABLET	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE	Hematology	Approved	1		0		0
IMBRUVICA 420 MG TABLET	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
IMBRUVICA 420 MG TABLET	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
IMBRUVICA 420 MG TABLET	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Oncology	Approved	1		0		0
IMBRUVICA 420 MG TABLET	SMALL CELL B-CELL LYMPHOMA, NODES OF AXILLA AND UPPER LIMB	Oncology	Approved	1		0		0
IMBRUVICA 420 MG TABLET	WALDENSTROM MACROGLOBULINEMIA	Hematology	Approved	1		0		0
IMBRUVICA 70 MG CAPSULE	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
IMITREX 100 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
IMITREX 100 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0

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IMITREX 100 MG TABLET	MIGRAINE	Family Medicine	Denied	1	Services are not medically necessary	1		0
IMITREX 50 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0
IMITREX 50 MG TABLET	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
IMMEDIATE BREAST PROSTHESIS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	3		0		0
IMMEDIATE BREAST PROSTHESIS	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Other	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	3		0		0
IMMEDIATE BREAST PROSTHESIS	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	2		0		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF UNSP FEMALE BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MASTODYNIA	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	5		0		0
IMMEDIATE BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	8		0		0
IMMEDIATE BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
IMMEDIATE BREAST PROSTHESIS; IMMEDIATE BREAST PROSTHESIS; IMPLANT BREAST SILICONE/EQ; IMPLANT BREA	N64.89 - Acquired breast deformity; Z98.890 - History of benign breast biopsy	Plastic Surgery	Denied	1	Services are not medically necessary	1		0
IMMUNE GLOBULIN (HIZENTRA), 100 MG; HIT IMMUNOTHERAPY DIEM	D83.9 - Common variable immunodeficiency, unspecified	Allergy	Approved	1		0		0
IMMUNE GLOBULIN, POWDER	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Counseling	Approved	1		0		0
IMMUNE GLOBULIN, POWDER	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
IMMUNE GLOBULIN, POWDER	NECROTIZING FASCIITIS	Facility	Approved	1		0		0
IMMUNOASSAY QUANT NOS NONAB	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
IMMUNOFLUOR ANTB 1ST STAIN	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0

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IMMUNOFLUOR ANTB ADDL STAIN	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
IMMUNOHISTO ANTB 1ST STAIN	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Denied	1	Services are not medically necessary	1		0
IMMUNOHISTO ANTB 1ST STAIN	OTHER BENIGN NEUROENDOCRINE TUMORS	Facility	Approved	1		0		0
IMMUNOHISTO ANTB ADDL SLIDE	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Denied	1	Services are not medically necessary	1		0
IMMUNOHISTO ANTIBODY SLIDE	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
IMMUNOLOGY PROCEDURE	ACTIVATED PROTEIN C RESISTANCE	Ancillary	Denied	1	Services are not medically necessary	1		0
IMP NEUROSTI PLS GN ANY TYPE	CAUSALGIA OF RIGHT LOWER LIMB	Podiatry	Denied	1	Services are not medically necessary	1		0
IMP NEUROSTI PLS GN ANY TYPE	CHRONIC PAIN SYNDROME	Pain Management	Denied	3	Services are not medically necessary	3		0
IMP NEUROSTI PLS GN ANY TYPE	CHRONIC PAIN SYNDROME	Podiatry	Denied	1	Services are not medically necessary	1		0
IMP NEUROSTI PLS GN ANY TYPE	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB	Podiatry	Denied	1	Services are not medically necessary	1		0
IMP NEUROSTI PLS GN ANY TYPE	POLYNEUROPATHY, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
IMP NEUROSTI PLS GN ANY TYPE	RADICULOPATHY, SITE UNSPECIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
IMPLANT BRAIN ELECTRODES	CONGENITAL MALFORMATION OF BRAIN, UNSPECIFIED	Other	Approved	1		0		0
IMPLANT COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	3		0		0
IMPLANT COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	4		0		0
IMPLANT COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	2	Services are not medically necessary	2		0
IMPLANT HORMONE PELLE(S)	ANESTHESIA OF SKIN	Family Medicine	Approved	3		0		0
IMPLANT HORMONE PELLE(S)	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Family Medicine	Approved	3		0		0
IMPLANT HORMONE PELLE(S)	DIARRHEA, UNSPECIFIED	Family Medicine	Approved	3		0		0
IMPLANT HORMONE PELLE(S)	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	2		0		0
IMPLANT HORMONE PELLE(S)	ENDOCRINE DISORDER, UNSPECIFIED	Urology	Approved	1		0		0
IMPLANT HORMONE PELLE(S)	HORMONE REPLACEMENT THERAPY	Female Pelvic Medicine And Reconstructive Surgery	Denied	1	Services are not medically necessary	1		0
IMPLANT HORMONE PELLE(S)	HORMONE REPLACEMENT THERAPY	Gynecology (No OB)	Denied	1	Services are not medically necessary	1		0
IMPLANT HORMONE PELLE(S)	ILLNESS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
IMPLANT HORMONE PELLE(S)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	5		0		0
IMPLANT HORMONE PELLE(S)	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Approved	6		0		0
IMPLANT HORMONE PELLE(S)	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Denied	1	Services are not medically necessary	1		0
IMPLANT HORMONE PELLE(S)	PULMONARY HYPERTENSION, UNSPECIFIED	Family Medicine	Approved	3		0		0
IMPLANT HORMONE PELLE(S)	SOMNOLENCE	Family Medicine	Approved	1		0		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	45		0		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Urology	Approved	22		0		0
IMPLANT HORMONE PELLE(S)	TESTICULAR HYPOFUNCTION	Urology	Denied	2	Services are not medically necessary	2		0
IMPLANT HORMONE PELLE(S)	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Family Medicine	Approved	2		0		0
IMPLANT NEUROELECTRDE ADDL	OTHER DYSTONIA	Facility	Approved	1		0		0
IMPLANT NEUROELECTRDE ADDL	PARKINSON'S DISEASE	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODE	OTHER DYSTONIA	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODE	PARKINSON'S DISEASE	Other	Approved	1		0		0
IMPLANT NEUROELECTRODES	ACUTE POST-THORACOTOMY PAIN	Ancillary	Approved	1		0		0
IMPLANT NEUROELECTRODES	CAUSALGIA OF LEFT LOWER LIMB	ANESTHESIOLOGY	Approved	2		0		0
IMPLANT NEUROELECTRODES	CAUSALGIA OF LEFT LOWER LIMB	PAIN MANAGEMENT	Approved	3		0		0
IMPLANT NEUROELECTRODES	CAUSALGIA OF LEFT LOWER LIMB	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

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IMPLANT NEUROELECTRODES	CAUSALGIA OF LEFT LOWER LIMB	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
IMPLANT NEUROELECTRODES	CAUSALGIA OF RIGHT LOWER LIMB	ANESTHESIOLOGY	Approved	2		0		0
IMPLANT NEUROELECTRODES	CAUSALGIA OF RIGHT LOWER LIMB	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CAUSALGIA OF UNSPECIFIED UPPER LIMB	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	11		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	Facility	Approved	2		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	5		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	25		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	SURGERY-ORTHOPEDIC	Approved	2		0		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	Pain Management	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	FAMILY PRACTICE	Approved	1		0		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	PAIN MANAGEMENT	Approved	3		0		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	ANESTHESIOLOGY	Approved	1		0		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	ANESTHESIOLOGY	Approved	1		0		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I UNS LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	COMPLEX RGN PAIN SYNDROME I LOWER LIMB BILATERAL	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	COMPLEX RGN PAIN SYNDROME I UPPER LIMB BILATERAL	ANESTHESIOLOGY	Approved	1		0		0
IMPLANT NEUROELECTRODES	CONTRACTURE, RIGHT SHOULDER	Physical Medicine	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	FECAL URGENCY	Ancillary	Approved	2		0		0
IMPLANT NEUROELECTRODES	FEELING OF INCOMPLETE BLADDER EMPTYING	Ancillary	Approved	1		0		0
IMPLANT NEUROELECTRODES	FEELING OF INCOMPLETE BLADDER EMPTYING	Urology	Approved	1		0		0
IMPLANT NEUROELECTRODES	FREQUENCY OF MICTURITION	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODES	FREQUENCY OF MICTURITION	Urology	Approved	2		0		0
IMPLANT NEUROELECTRODES	FULL INCONTINENCE OF FECES	Facility	Approved	3		0		0
IMPLANT NEUROELECTRODES	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
IMPLANT NEUROELECTRODES	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODES	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	MIXED INCONTINENCE	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODES	MIXED INCONTINENCE	Obstetrics/Gynecology	Approved	1		0		0

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IMPLANT NEUROELECTRODES	MIXED INCONTINENCE	Oncology	Approved	1		0		0
IMPLANT NEUROELECTRODES	NEURALGIA AND NEURITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
IMPLANT NEUROELECTRODES	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
IMPLANT NEUROELECTRODES	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	2		0		0
IMPLANT NEUROELECTRODES	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	Other mechanical complication of implanted electronic neurostimulator, generator, sequela	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	OTHER RETENTION OF URINE	Urology	Approved	1		0		0
IMPLANT NEUROELECTRODES	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM	Ancillary	Approved	1		0		0
IMPLANT NEUROELECTRODES	OVERACTIVE BLADDER	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODES	PAIN IN RIGHT LEG	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	PELVIC AND PERINEAL PAIN	Ancillary	Approved	1		0		0
IMPLANT NEUROELECTRODES	PELVIC AND PERINEAL PAIN	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODES	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Approved	2		0		0
IMPLANT NEUROELECTRODES	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	5		0		0
IMPLANT NEUROELECTRODES	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
IMPLANT NEUROELECTRODES	RETENTION OF URINE, UNSPECIFIED	Ancillary	Approved	1		0		0
IMPLANT NEUROELECTRODES	RETENTION OF URINE, UNSPECIFIED	Facility	Approved	2		0		0
IMPLANT NEUROELECTRODES	RETENTION OF URINE, UNSPECIFIED	Urology	Approved	1		0		0
IMPLANT NEUROELECTRODES	RIGHT UPPER QUADRANT PAIN	Ancillary	Approved	1		0		0
IMPLANT NEUROELECTRODES	RIGHT UPPER QUADRANT PAIN	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODES	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	2		0		0
IMPLANT NEUROELECTRODES	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT NEUROELECTRODES	UNSPECIFIED CHOLESTEATOMA, RIGHT EAR	Facility	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	URGE INCONTINENCE	Facility	Approved	3		0		0
IMPLANT NEUROELECTRODES	URGE INCONTINENCE	Facility	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	URGE INCONTINENCE	Obstetrics/Gynecology	Approved	1		0		0
IMPLANT NEUROELECTRODES	URGE INCONTINENCE	Urology	Approved	2		0		0
IMPLANT NEUROELECTRODES	URGENCY OF URINATION	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODES	URGENCY OF URINATION	Urology	Approved	1		0		0
IMPLANT NEUROELECTRODES; INSRT/REDO SPINE N GENERATOR	G57.31 - Lesion of lateral popliteal nerve, right lower limb; G89.29 - Other chronic pain	Neurosurgery	Approved	1		0		0
IMPLANT NEUROSTIM ARRAYS	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF NEUROSTIMULATOR	Facility	Approved	1		0		0
IMPLANT NEUROSTIM ARRAYS	OTHER DYSTONIA	Facility	Approved	1		0		0
IMPLANT NEUROSTIM ARRAYS	PARKINSON'S DISEASE	Facility	Approved	3		0		0
IMPLANT SPINAL CANAL CATH	CEREBRAL PALSY UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
IMPLANT SPINAL CANAL CATH	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
IMPLANT SPINAL CANAL CATH	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	3		0		0
IMPLANT SPINAL CANAL CATH	HEREDITARY SPASTIC PARAPLEGIA	NEUROSURGERY	Approved	1		0		0
IMPLANT SPINAL CANAL CATH	QUADRIPLEGIA UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
IMPLANT SPINAL CANAL CATH	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
IMPLANT SPINE INFUSION PUMP	CEREBRAL PALSY UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
IMPLANT SPINE INFUSION PUMP	CHRONIC PAIN SYNDROME	Facility	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	3		0		0

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IMPLANT SPINE INFUSION PUMP	CRAMP AND SPASM	SURGERY-NEUROLOGY	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	HEREDITARY SPASTIC PARAPLEGIA	NEUROSURGERY	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	QUADRIPLÉGIA UNSPECIFIED	NEUROSURGERY	Approved	2		0		0
IMPLANT TCAT PULM VLV PERQ	TETRALOGY OF FALLOT	Facility	Denied	1	Services are not medically necessary	1		0
IMPLANT TEMPLE BONE W/STIMUL	MICROTIA	Facility	Approved	1		0		0
IMPLANT TEMPLE BONE W/STIMUL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
IMPLANT TEMPLE BONE W/STIMUL	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
IMPLANT TEMPLE BONE W/STIMUL	SNSRNRL HEAR LOSS, UNI, RIGHT EAR, W UNRESTR HEAR CNTRA SIDE	Ancillary	Approved	1		0		0
IMPLANT/INSERT DEVICE, NOC	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	3		0		0
Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	ANESTHESIOLOGY	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	4		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	ANESTHESIOLOGY	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	COMPLEX REGIONAL PAIN SYNDROME I UNS LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	PAIN IN RIGHT LEG	PAIN MANAGEMENT	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	UROLOGY	Approved	1		0		0
Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
Implantable neurostimulator radiofrequency receiver	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	Complex regional pain syndrome I of unspecified lower limb	Internal Medicine		0		0	Denied	1
IMPLANTABLE TISSUE MARKER	INCONCLUSIVE MAMMOGRAM	Facility	Approved	1		0		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF PROSTATE	Surgery, General	Approved	1		0		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	3		0		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	Oncology	Approved	1		0		0
IMPLANTABLE TISSUE MARKER	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Facility	Approved	1		0		0
IMPLANTABLE TISSUE MARKER	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	Facility	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Neurology		0		0	Denied	1
IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Malignant neoplasm of unspecified site of unspecified female breast	Ancillary		0		0	Denied	2
IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unspecified dislocation of right acromioclavicular joint, initial encounter	Gastroenterology		0		0	Approved	1
IMPLT NEUROSTIM ELCTR EACH	BREAKDOWN OF URINARY ELECTRONIC STIMULATOR DEVICE, INIT	Ancillary	Approved	1		0		0
Implt neurostim elctr each	CAUSALGIA OF LEFT LOWER LIMB	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Implt neurostim elctr each	CAUSALGIA OF RIGHT LOWER LIMB	ANESTHESIOLOGY	Approved	1		0		0
Implt neurostim elctr each	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Approved	1		0		0
Implt neurostim elctr each	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
IMPLT NEUROSTIM ELCTR EACH	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
Implt neurostim elctr each	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	9		0		0
Implt neurostim elctr each	CHRONIC PAIN SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Implt neurostim elctr each	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	15		0		0
Implt neurostim elctr each	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Implt neurostim elctr each	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
IMPLT NEUROSTIM ELCTR EACH	CHRONIC PAIN SYNDROME	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
IMPLT NEUROSTIM ELCTR EACH	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	Pain Management	Denied	1	Services are not medically necessary	1		0
Implt neurostim elctr each	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	ANESTHESIOLOGY	Approved	1		0		0
Implt neurostim elctr each	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	PAIN MANAGEMENT	Approved	1		0		0
Implt neurostim elctr each	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Implt neurostim elctr each	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	ANESTHESIOLOGY	Approved	1		0		0
Implt neurostim elctr each	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	ANESTHESIOLOGY	Approved	1		0		0
Implt neurostim elctr each	COMPLEX REGIONAL PAIN SYNDROME I UNS LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
Implt neurostim elctr each	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Implt neurostim elctr each	COMPLEX RGN PAIN SYNDROME I LOWER LIMB BILATERAL	PAIN MANAGEMENT	Approved	1		0		0
Implt neurostim elctr each	COMPLEX RGN PAIN SYNDROME I UPPER LIMB BILATERAL	ANESTHESIOLOGY	Approved	1		0		0
Implt neurostim elctr each	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
IMPLT NEUROSTIM ELCTR EACH	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Ancillary	Approved	1		0		0
IMPLT NEUROSTIM ELCTR EACH	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
IMPLT NEUROSTIM ELCTR EACH	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Facility	Approved	1		0		0
Implt neurostim elctr each	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	UROLOGY	Approved	1		0		0
Implt neurostim elctr each	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	UROLOGY	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Implt neurostim elctr each	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
IMPLT NEUROSTIM ELCTR EACH	OTHER DYSTONIA	Facility	Approved	1		0		0
Implt neurostim elctr each	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	5		0		0
IMPLT NEUROSTIM ELCTR EACH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
IMPLT NEUROSTIM ELCTR EACH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
Implt neurostim elctr each	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Implt neurostim elctr each	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
IMPLT NEUROSTIM ELCTR EACH	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
Implt neurostim elctr each	RETENTION OF URINE UNSPECIFIED	UROLOGY	Denied	1	Services are not medically necessary	1		0
Implt neurostim elctr each	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
IMPLT NROSTM PLS GEN DUA NON	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
IMPLT NROSTM PLS GEN DUA NON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
IMPLT NROSTM PLS GEN DUA REC	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
IMPLT NROSTM PLS GEN DUA REC	OTHER DYSTONIA	Facility	Approved	1		0		0
IMPLT NROSTM PLS GEN SNG NON	BREAKDOWN OF URINARY ELECTRONIC STIMULATOR DEVICE, INIT	Ancillary	Approved	1		0		0
IMPLT NROSTM PLS GEN SNG NON	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Ancillary	Approved	1		0		0
IMPLT NROSTM PLS GEN SNG NON	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	3		0		0
IMPLT NROSTM PLS GEN SNG NON	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Facility	Approved	1		0		0
IMPLTJ NTRSTRML CRNL RNG SEG	KERATOCONUS, UNSTABLE, BILATERAL	Ophthalmology	Approved	1		0		0
IMPLTJ TOT RPLCMT HRT SYS	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
IMPOYZ 0.025% CREAM	ALLERGIC CONTACT DERMATITIS, UNSPECIFIED CAUSE	Dermatology	Approved	1		0		0
IMPOYZ 0.025% CREAM	ALLERGIC CONTACT DERMATITIS, UNSPECIFIED CAUSE	Dermatology	Denied	1	Services are not medically necessary	1		0
IMPOYZ 0.025% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	2		0		0
IMPOYZ 0.025% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
IMPOYZ 0.025% CREAM	DERMATITIS, UNSPECIFIED	Dermatology	Approved	2		0		0
IMPOYZ 0.025% CREAM	DERMATITIS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
IMPOYZ 0.025% CREAM	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
IMPOYZ 0.025% CREAM	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Denied	1	Services are not medically necessary	1		0
IMPOYZ 0.025% CREAM	INTRINSIC (ALLERGIC) ECZEMA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
IMPOYZ 0.025% CREAM	LICHEN PLANUS, UNSPECIFIED	Physician	Approved	1		0		0
IMPOYZ 0.025% CREAM	LICHEN PLANUS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
IMPOYZ 0.025% CREAM	PSORIASIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Obstetrics/Gynecology		0		0	Denied	1
IMUGLUCERASE INJECTION	GAUCHER DISEASE	Genetics	Approved	1		0		0
IN GEMCITABINE HCL NOS 200MG	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Family Medicine	Approved	2		0		0
IN GEMCITABINE HCL NOS 200MG	ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
IN GEMCITABINE HCL NOS 200MG	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Approved	2		0		0
IN GEMCITABINE HCL NOS 200MG	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Family Medicine	Approved	2		0		0
IN GEMCITABINE HCL NOS 200MG	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
IN GEMCITABINE HCL NOS 200MG	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Hematology	Approved	1		0		0
IN GEMCITABINE HCL NOS 200MG	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)	Facility	Approved	1		0		0
IN GEMCITABINE HCL NOS 200MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Family Medicine	Approved	2		0		0
IN GEMCITABINE HCL NOS 200MG	SECONDARY MALIGNANT NEOPLASM OF R KIDNEY AND RENAL PELVIS	Family Medicine	Approved	1		0		0

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INBRIJA 42 MG INHALATION CAP	PARKINSON'S DISEASE	Neurology	Approved	2		0		0
INBRIJA 42 MG INHALATION CAP	PARKINSON'S DISEASE	Physician Assistant	Approved	1		0		0
INC FOR VAGUS N ELECT IMPL	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Ancillary	Approved	1		0		0
INC FOR VAGUS N ELECT IMPL	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	2		0		0
INC FOR VAGUS N ELECT IMPL	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Facility	Approved	1		0		0
INCIS 1 VERTEBRAL SEG CERV	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INCIS 1 VERTEBRAL SEG LUMBAR	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Other	Approved	1		0		0
INCIS 1 VERTEBRAL SEG LUMBAR	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
INCIS 1 VERTEBRAL SEG LUMBAR	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
INCIS 1 VERTEBRAL SEG LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
INCIS 1 VERTEBRAL SEG LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
INCIS ADDL SPINE SEGMENT	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INCISE BLADDER/DRAIN URETER	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
INCISE BLADDER/DRAIN URETER; CYSTO WITH UTERAL STENT	R10.9 - Unspecified abdominal pain	Urology	Approved	1		0		0
INCISE FINGER TENDON SHEATH	ACUTE KIDNEY FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
INCISE FINGER TENDON SHEATH	OTH CONGEN MALFORM OF UPPER LIMB(S), INC SHOULDER GIRDLE	Ancillary	Approved	1		0		0
INCISE FINGER TENDON SHEATH	TRIGGER FINGER, UNSPECIFIED FINGER	Family Medicine	Approved	1		0		0
INCISE SKULL (PRESS RELIEF)	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	Other	Approved	1		0		0
INCISE SKULL (PRESS RELIEF)	COMPRESSION OF BRAIN	Facility	Approved	1		0		0
INCISE SKULL (PRESS RELIEF)	COMPRESSION OF BRAIN	Other	Approved	4		0		0
INCISE SKULL (PRESS RELIEF); MICROSURGERY ADD-ON; U/S GUIDANCE, INTRAOPERATIVE; INITIAL HOSPITAL C	G93.5 - Compression of brain; G93.5 - Chiari I malformation (HCC)	Neurosurgery	Approved	1		0		0
INCISE SKULL FOR BRAIN WOUND	CLONIC HEMIFACIAL SPASM, LEFT	Other	Approved	2		0		0
INCISE SKULL FOR BRAIN WOUND	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Other	Approved	2		0		0
INCISE SKULL FOR BRAIN WOUND	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Surgery, Neurological	Approved	1		0		0
INCISE SKULL FOR BRAIN WOUND	TRIGEMINAL NEURALGIA	Facility	Approved	1		0		0
INCISE SKULL FOR BRAIN WOUND	TRIGEMINAL NEURALGIA	Other	Approved	1		0		0
INCISE SKULL FOR SURGERY	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Facility	Approved	1		0		0
INCISE SKULL FOR SURGERY	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Surgery, Neurological	Approved	1		0		0
INCISE SKULL/BRAIN BIOPSY	DISORDER OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
INCISE SKULL/BRAIN SURGERY	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
INCISE SKULL/BRAIN SURGERY	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
INCISE SKULL/SUTURES	CRANIOSYNOSTOSIS	Facility	Denied	1	Services are not medically necessary	1		0
Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	CONTUSION OF LEFT THIGH INITIAL ENCOUNTER	SURGERY-GENERAL	Approved	1		0		0
Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	CUTANEOUS ABSCESS OF LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	CONTUSION LOWER BACK & PELVIS INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	CUTANEOUS ABSCESS OF BUTTOCK	SURGERY-PEDIATRIC	Approved	1		0		0
Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	CUTANEOUS ABSCESS OF RIGHT LOWER LIMB	SURGERY	Denied	1	Services are not medically necessary	1		0
Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Incision and drainage, shoulder area;infected bursa	ARTHRITIS DUE TO OTHER BACTERIA RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	CALCULUS OF GALLBLADDER WITH CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION	Pulmonary Disease		0		0	Approved	1
INCISION OF BREAST LESION	DIFFUSE CYSTIC MASTOPATHY OF LEFT BREAST	Ancillary	Approved	1		0		0
INCISION OF BREAST LESION	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	Facility	Approved	1		0		0
INCISION OF GALLBLADDER	OTHER MALAISE	Facility	Approved	1		0		0
INCISION OF HIP TENDONS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Other	Approved	1		0		0
INCISION OF LIP FOLD	DISEASES OF LIPS	Ancillary	Approved	1		0		0
INCISION OF METATARSALS	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	Facility	Approved	1		0		0
INCISION OF RECTAL ABSCESS	RECTAL ABSCESS	Facility	Approved	1		0		0
INCISION OF THIGH	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE	Facility	Approved	1		0		0
INCISION OF TONGUE FOLD	ANKYLOGLOSSIA	Ancillary	Approved	2		0		0
INCISION OF URETHRA	CONGENITAL STRICTURE OF URINARY MEATUS	Facility	Approved	1		0		0
INCISION OF WINDPIPE	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	Facility	Approved	1		0		0
INCISION OF WINDPIPE	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	1		0		0
INCISION OF WINDPIPE	PNEUMONITIS DUE TO INHALATION OF OTHER SOLIDS AND LIQUIDS	Physician Assistant	Approved	1		0		0
INCISION OF WINDPIPE	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
INCOBOTULINUMTOXIN A	ACHALASIA OF CARDIA	Pain Management	Approved	1		0		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Ancillary	Approved	1		0		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Ancillary	Denied	1	Services are not medically necessary	1		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Multi-Specialty Group	Approved	1		0		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Neurology	Approved	1		0		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Neurology	Denied	1	Services are not medically necessary	1		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Ophthalmology	Approved	2		0		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Ophthalmology	Denied	1	Services are not medically necessary	1		0
INCOBOTULINUMTOXIN A	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
INCOBOTULINUMTOXIN A	CLONIC HEMIFACIAL SPASM, RIGHT	Ophthalmology	Denied	1	Services are not medically necessary	1		0
INCOBOTULINUMTOXIN A	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Neurology	Approved	1		0		0
INCOBOTULINUMTOXIN A	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
INCOBOTULINUMTOXIN A	DISORDER OF TRIGEMINAL NERVE, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
INCOBOTULINUMTOXIN A	MUSCLE SPASM OF BACK	Facility	Approved	1		0		0
INCOBOTULINUMTOXIN A	OTHER CEREBRAL PALSY	Facility	Approved	1		0		0
INCOBOTULINUMTOXIN A	OTHER MUSCLE SPASM	Physical Medicine	Approved	1		0		0
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS	Ancillary	Approved	1		0		0
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS	Neurology	Approved	6		0		0
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS	Neurology	Denied	1	Services are not medically necessary	1		0
INCRELEX 40 MG/4 ML VIAL	SHORT STATURE DUE TO ENDOCRINE DISORDER	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
INDERAL XL 80 MG CAPSULE	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	1		0		0
INDWELLING TRACH INSERT	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	ADULT-ONSET STILL'S DISEASE	Rheumatology	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS LUMBAR REGION	Rheumatology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Rheumatology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Allergy/Immunology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Internal Medicine	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	4		0		0

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INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	7		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANTERIOR SCLERITIS, BILATERAL	Ancillary	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Family Medicine	Approved	4		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	10		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	BEHCET'S DISEASE	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	BEHCET'S DISEASE	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CEREBRAL INFRC DUE TO THOMBOS OF LEFT MIDDLE CEREBRAL ARTERY	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	COARCTATION OF AORTA	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W ABSCESS	Pediatric Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Denied	2	Services are not medically necessary	2		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Facility	Approved	6		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Facility	Denied	2	Services are not medically necessary	2		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Family Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	7		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Internal Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Neurology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Pediatric Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Pediatrics	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Family Medicine	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Internal Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Facility	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Facility	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Facility	Approved	6		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Infectious Disease	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	NULL	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING	Rheumatology	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Family Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	9		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	Gastroenterology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH RECTAL BLEEDING	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	10		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Facility	Approved	7		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Family Medicine	Approved	4		0		0

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INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	15		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Neurology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Oncology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Pediatric Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Rheumatology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	DEHYDRATION	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	DEHYDRATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	DORSALGIA, UNSPECIFIED	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	INFLAMMATORY POLYARTHROPATHY	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	INFLAMMATORY POLYARTHROPATHY	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	INTERSTITIAL EMPHYSEMA	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Facility	Approved	4		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	10		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER IRON DEFICIENCY ANEMIAS	Family Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER PSORIASIS	Oncology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER PSORIATIC ARTHROPATHY	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER PSORIATIC ARTHROPATHY	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER PSORIATIC ARTHROPATHY	Multi-Specialty Group	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	11		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	PAIN IN RIGHT KNEE	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIATIC SPONDYLITIS	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RECTAL ABSCESS	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Medicine	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	14		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	3	Services are not medically necessary	3		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR OF UNSP HAND W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	13		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, RIGHT ANK/FT	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, UNSP ANK/FT	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Internal Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	6		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT WRIST	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	SARCOID ARTHROPATHY	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	SARCOIDOSIS OF OTHER SITES	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Family Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Family Medicine	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	12		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Neurology	Approved	1		0		0

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INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Radiology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS W UNSP COMPLICATIONS	Neurology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Facility	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Infectious Disease	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Infectious Disease	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Facility	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Family Medicine	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	8		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	UNSPECIFIED IRIDOCYCLITIS	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	UNSPECIFIED IRIDOCYCLITIS	Internal Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, MULTIPLE SITES	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	WEAKNESS	Family Medicine	Approved	1		0		0
INFORMASEQ PRENATAL TEST W X,Y ANALYSIS	O09.512 - Advanced maternal age, primigravida in second trimester, antepartum	OB/Gyn	Approved	1		0		0
INFRATEMPORAL APPROACH/SKULL	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Facility	Approved	1		0		0
INFUS INSULIN PUMP NON NEEDL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
INFUS INSULIN PUMP NON NEEDL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	5		0		0
INFUS INSULIN PUMP NON NEEDL	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
INFUS INSULIN PUMP NON NEEDL	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNR	Ancillary	Approved	3		0		0
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Ancillary	Approved	3		0		0
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	17		0		0
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	56		0		0
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	2		0		0
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	7		0		0
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Ancillary	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	5		0		0
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	Ancillary	Approved	3		0		0
INFUSION INSULIN PUMP NEEDLE	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
INFUSION INSULIN PUMP NEEDLE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	3		0		0
INFUSION SUPPLIES WITH PUMP	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Ancillary	Approved	1		0		0
INFUSION SUPPLIES WITH PUMP	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Ancillary	Approved	1		0		0
INGREZZA 40 MG CAPSULE	DRUG INDUCED SUBACUTE DYSKINESIA	Behavioral Nurse	Approved	2		0		0
INGREZZA 40 MG CAPSULE	DRUG INDUCED SUBACUTE DYSKINESIA	Physician	Approved	2		0		0
INGREZZA 40 MG CAPSULE	DRUG INDUCED SUBACUTE DYSKINESIA	Physician Assistant	Approved	1		0		0
INGREZZA 40 MG CAPSULE	DRUG INDUCED SUBACUTE DYSKINESIA	Psychiatry	Approved	1		0		0
INGREZZA 80 MG CAPSULE	DRUG INDUCED SUBACUTE DYSKINESIA	Nurse Practitioner	Approved	1		0		0
INGREZZA 80 MG CAPSULE	DRUG INDUCED SUBACUTE DYSKINESIA	Physician	Denied	2	Services are not medically necessary	2		0
INGREZZA 80 MG CAPSULE	DRUG INDUCED SUBACUTE DYSKINESIA	Psychiatry	Approved	1		0		0
INGREZZA 80 MG CAPSULE	TOURETTE'S DISORDER	Neurology	Approved	1		0		0
INGREZZA INITIATION PACK	DRUG INDUCED SUBACUTE DYSKINESIA	Nurse Practitioner	Approved	1		0		0
INGREZZA INITIATION PACK	TOURETTE'S DISORDER	Neurology	Approved	1		0		0
INITIAL HOSPITAL CARE	ACUTE CHOLECYSTITIS	Facility	Approved	1		0		0
INITIAL HOSPITAL CARE	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
INITIAL HOSPITAL CARE	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Other	Approved	5		0		0
INITIAL HOSPITAL CARE	CHRONIC ATRIAL FIBRILLATION	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL HOSPITAL CARE	DISPLACED TRIMALLEOL FX R LOW LEG, INIT FOR OPN FX TYPE 1/2	Facility	Approved	1		0		0
INITIAL HOSPITAL CARE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Facility	Approved	1		0		0
INITIAL HOSPITAL CARE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Other	Approved	2		0		0
INITIAL HOSPITAL CARE	END STAGE RENAL DISEASE	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	MALIGNANT NEOPLASM OF LEFT RETINA	Other	Approved	2		0		0
INITIAL HOSPITAL CARE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Other	Approved	3		0		0
INITIAL HOSPITAL CARE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Other	Approved	2		0		0
INITIAL HOSPITAL CARE	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	MYOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL HOSPITAL CARE	MYOPATHY, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INITIAL HOSPITAL CARE	OTHER SPECIFIED HEALTH STATUS	Facility	Approved	1		0		0
INITIAL HOSPITAL CARE	SEPSIS, UNSPECIFIED ORGANISM	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Surgery, General	Approved	1		0		0
INITIAL HOSPITAL CARE	UNSPECIFIED SEQUELAE OF UNSPECIFIED CEREBROVASCULAR DISEASE	Facility	Approved	1		0		0
INITIAL HOSPITAL CARE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWAR	End stage renal disease	Ophthalmology		0		0	Denied	1
INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWAR	Personal history of benign neoplasm of the brain	Emergency Medicine		0		0	Denied	1
INITIAL OBSERVATION CARE	10 WEEKS GESTATION OF PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	17 WEEKS GESTATION OF PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	25 WEEKS GESTATION OF PREGNANCY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	33 WEEKS GESTATION OF PREGNANCY	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	35 WEEKS GESTATION OF PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	36 WEEKS GESTATION OF PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	9 WEEKS GESTATION OF PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ABDOMINAL TENDERNESS, UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ABNORMAL COAGULATION PROFILE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	ABNORMAL MICROBIOLOG FINDINGS IN SPECIMENS FROM OTH ORG/TISS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Emergency Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	20		0		0
INITIAL OBSERVATION CARE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Multi-Specialty Group	Approved	2		0		0
INITIAL OBSERVATION CARE	ABSCESS OF BARTHOLIN'S GLAND	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ABSCESS OF THE BREAST AND NIPPLE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ABSCESS OF VULVA	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	AC SUPPR OTITIS MEDIA W/O SPON RUPT EAR DRUM, RECUR, R EAR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACCIDENT TO POWERED AIRCRAFT AT TAKEOFF OR LANDING	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACCIDENTAL DISCHARGE FROM UNSP FIREARMS OR GUN, INIT ENCNTR	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACCIDENTAL DISCHARGE OF UNSP LARGER FIREARM, INIT ENCNTR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Facility	Approved	61		0		0
INITIAL OBSERVATION CARE	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	ACCIDENTAL POISONING BY OTHER GASES AND VAPORS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACHALASIA OF CARDIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	ACQUIRED ABSENCE OF OTHER ORGANS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACQUIRED BURIED PENIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACQUIRED HEMOPHILIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE ABDOMEN	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH GEN PERITONITIS, WITHOUT ABSCESS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH LOC PERITONITIS, W/O PERF OR GANGR	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH LOC PERITONITIS, W/O PERF OR GANGR	Radiology, Diagnostic	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH LOCALIZED PERITONITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH PERF AND LOC PERITONITIS, W/O ABSCS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH PERF AND LOC PERITONITIS, WITH ABSCS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHIOLITIS DUE TO HUMAN METAPNEUMOVIRUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHIOLITIS, UNSPECIFIED	Facility	Approved	18		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHIOLITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHIOLITIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHOSPASM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE CHOLECYSTITIS	Facility	Approved	29		0		0
INITIAL OBSERVATION CARE	ACUTE CHOLECYSTITIS WITH CHRONIC CHOLECYSTITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE CYSTITIS WITH HEMATURIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE CYSTITIS WITHOUT HEMATURIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF L LOW EXTREM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF R LOW EXTREM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF R LOW EXTREM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT FEMORAL VEIN	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT POPLITEAL VEIN	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE EPIGLOTTITIS WITHOUT OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE GASTRITIS WITHOUT BLEEDING	Facility	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE HEPATITIS B W/O DELTA-AGENT AND WITHOUT HEPATIC COMA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Approved	21		0		0
INITIAL OBSERVATION CARE	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE OBSTRUCTIVE LARYNGITIS [CROUP]	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	18		0		0
INITIAL OBSERVATION CARE	ACUTE PANCREATITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE PERICARDITIS, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE PHARYNGITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE POSTHEMORRHAGIC ANEMIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE PULMONARY EDEMA	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	ACUTE PYELONEPHRITIS	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	ACUTE RESPIRATORY DISTRESS	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	ACUTE RESPIRATORY DISTRESS SYNDROME	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE TONSILLITIS, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE TRACHEITIS WITHOUT OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ADULT FAILURE TO THRIVE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ADULT HYPERTROPHIC PYLORIC STENOSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	AGE-RELATED PHYSICAL DEBILITY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ALCOHOL USE, UNSPECIFIED WITH INTOXICATION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	ALCOHOL-INDUCED CHRONIC PANCREATITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ALLERGIC AND DIETETIC GASTROENTERITIS AND COLITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ALLERGY STATUS TO UNSP DRUG/MEDS/BIOL SUBST STATUS	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	ALTERED MENTAL STATUS, UNSPECIFIED	Facility	Approved	23		0		0
INITIAL OBSERVATION CARE	AMYOTROPHIC LATERAL SCLEROSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANAL ABSCESS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD, SUBS ENCNTN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	ANEMIA IN CHRONIC KIDNEY DISEASE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANEMIA, UNSPECIFIED	Facility	Approved	43		0		0
INITIAL OBSERVATION CARE	ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	ANEMIA, UNSPECIFIED	Multi-Specialty Group	Approved	2		0		0
INITIAL OBSERVATION CARE	ANESTHESIA OF SKIN	Cardiovascular Disease	Approved	1		0		0
INITIAL OBSERVATION CARE	ANESTHESIA OF SKIN	Facility	Approved	14		0		0
INITIAL OBSERVATION CARE	ANGINA PECTORIS, UNSPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	ANGIONEUROTIC EDEMA, INITIAL ENCOUNTER	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	ANGIONEUROTIC EDEMA, INITIAL ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
INITIAL OBSERVATION CARE	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, UNSPECIFIED TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANXIETY DISORDER, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	Family Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	APHASIA	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	APNEA, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	APNEA, NOT ELSEWHERE CLASSIFIED	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	APPARENT LIFE THREATENING EVENT IN INFANT (ALTE)	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ARTHRODESIS STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ASPIRATION OF FLUID CAUSE ABN REACT/COMPL, W/O MISADVNT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ASSAULT BY UNSPECIFIED SHARP OBJECT, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ATAXIA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ATAXIC GAIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	14		0		0
INITIAL OBSERVATION CARE	ATRIAL SEPTAL DEFECT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ATRIOVENTRICULAR BLOCK, COMPLETE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ATYP SQUAM CELL OF UNDET SIGNFC CYTO SMR CRVX (ASC-US)	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BACTEREMIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BELL'S PALSY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BENIGN INTRACRANIAL HYPERTENSION	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF LEFT BREAST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF LIVER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BILIARY ACUTE PANCREATITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BITTEN BY DOG, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BITTEN BY NONVENOMOUS SNAKE, INITIAL ENCOUNTER	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	BRACHIAL PLEXUS DISORDERS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BRADYCARDIA, UNSPECIFIED	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	BRAIN STEM STROKE SYNDROME	Facility	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	BREAKDOWN (MECHANICAL) OF CARDIAC ELECTRONIC DEVICE, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BURN OF UNSPECIFIED DEGREE OF SCALP, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCIFIC TENDINITIS, UNSPECIFIED SITE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CALCULUS IN URETHRA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CALCULUS OF BILE DUCT W ACUTE CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W OBST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W ACUTE CHOLECYST W/O OBSTRUCTION	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W ACUTE CHOLECYSTITIS W OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W OTH CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W OTH CHOLECYSTITIS WITH OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	21		0		0
INITIAL OBSERVATION CARE	CALCULUS OF KIDNEY	Facility	Approved	33		0		0
INITIAL OBSERVATION CARE	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	Facility	Denied	1	Services are not medically necessary	1		0
INITIAL OBSERVATION CARE	CALCULUS OF URETER	Facility	Approved	13		0		0
INITIAL OBSERVATION CARE	CAMPYLOBACTER ENTERITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CARDIAC ARREST, CAUSE UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CARDIAC ARRHYTHMIA, UNSPECIFIED	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	CARDIAC COMPLICATIONS OF ANESTHESIA DURING THE PUERPERIUM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CARDIOMYOPATHY, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
INITIAL OBSERVATION CARE	CELLULITIS AND ABSCESS OF MOUTH	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF ABDOMINAL WALL	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF BUTTOCK	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF FACE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF LEFT LOWER LIMB	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF LEFT UPPER LIMB	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF NECK	Pediatrics	Approved	1		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF OTHER SITES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF RIGHT FINGER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF RIGHT LOWER LIMB	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF RIGHT UPPER LIMB	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF UNSPECIFIED PART OF LIMB	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CELLULITIS, UNSPECIFIED	Facility	Approved	14		0		0
INITIAL OBSERVATION CARE	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	27		0		0
INITIAL OBSERVATION CARE	CEREBRAL PALSY, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CERVICAL DISC DISORDER W RADICULOPATHY, MID-CERVICAL REGION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CERVICAL SHORTENING, SECOND TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CERVICALGIA	Facility	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	CHEST PAIN ON BREATHING	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	2		0		0
INITIAL OBSERVATION CARE	CHEST PAIN, UNSPECIFIED	Facility	Approved	505		0		0
INITIAL OBSERVATION CARE	CHEST PAIN, UNSPECIFIED	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	CHEST PAIN, UNSPECIFIED	Other	Approved	3		0		0
INITIAL OBSERVATION CARE	CHOLECYSTITIS, UNSPECIFIED	Facility	Approved	17		0		0
INITIAL OBSERVATION CARE	CHONDROMALACIA, UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CHR OBSTRUCTIVE PULMON DISEASE WITH (ACUTE) LOWER RESP INFCT	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CHRONIC ATRIAL FIBRILLATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CHRONIC IDIOPATHIC CONSTIPATION	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CHRONIC KIDNEY DISEASE, STAGE 1	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CHRONIC POST-TRAUMATIC HEADACHE, INTRACTABLE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CHRONIC TONSILLITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CLEFT LIP, UNILATERAL	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	COLLES' FRACTURE OF LEFT RADIUS, INIT FOR CLOS FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	COLOSTOMY STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	COMPARTMENT SYNDROME, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	COMPLETE INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	COMPLETE OR UNSP SPONTANEOUS ABORTION WITHOUT COMPLICATION	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	COMPLETE TRAUMATIC AMP OF L LOW LEG, LEVEL UNSP, SEQUELA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	COMPLEX FEBRILE CONVULSIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONCUSSION W LOC OF 30 MINUTES OR LESS, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONCUSSION W LOSS OF CONSCIOUSNESS OF UNSP DURATION, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CONFLAGRATION IN PRIVATE DWELLING	Multi-Specialty Group	Approved	1		0		0
INITIAL OBSERVATION CARE	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONGENITAL MALFORMATIONS OF OTHER ENDOCRINE GLANDS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONGENITAL TRICUSPID STENOSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONSTIPATION, UNSPECIFIED	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	CONTAMINATED OR INFECTED BLOOD, OTHER FLUID, DRUG, OR BIOLOGICAL SUBSTANCE	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	CONTUSION OF ABDOMINAL WALL, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONTUSION OF LEFT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONTUSION OF LUNG, UNILATERAL, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONTUSION OF LUNG, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONTUSION OF OTH INTRATHORACIC ORGANS, INIT ENCNT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONTUSION OF UNSPECIFIED FRONT WALL OF THORAX, INIT ENCNT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONTUSION OF VAGINA AND VULVA, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CORONAVIRUS INFECTION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	COUGH	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	COUNSELING, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CRAMP AND SPASM	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CRANIAL NERVE DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS OF ABDOMINAL WALL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS OF BUTTOCK	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS OF FACE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS OF LEFT AXILLA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS OF PERINEUM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS, UNSPECIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	CYCLICAL VOMITING, IN MIGRAINE, INTRACTABLE	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CYST OF SPLEEN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CYSTIC MENISCUS, UNSPECIFIED LATERAL MENISCUS, RIGHT KNEE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CYSTOCELE, MIDLINE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CYSTOCELE, MIDLINE	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	CYSTOCELE, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DEFECTS IN THE COMPLEMENT SYSTEM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DEHYDRATION	Facility	Approved	61		0		0
INITIAL OBSERVATION CARE	DEHYDRATION	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	DIABETES INSIPIDUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	DIARRHEA, UNSPECIFIED	Facility	Approved	16		0		0
INITIAL OBSERVATION CARE	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DILATED CARDIOMYOPATHY	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	DIPLOPIA	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISEASE OF DIGESTIVE SYSTEM, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISEASES OF THE CIRC SYS COMP PREGNANCY, UNSP TRIMESTER	Facility	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	DISEASES OF THE DGSTV SYS COMP PREGNANCY, UNSP TRIMESTER	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	DISLOCATION OF UNSP INTERPHALN JOINT OF UNSP FINGER, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISORDER OF BILIRUBIN METABOLISM, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISORDER OF THYROID, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISORIENTATION, UNSPECIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	DISP FX OF EPIPHYSIS (SEPARATION) (UPPER) OF R FEMUR, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISP FX OF LATERAL CONDYLE OF LEFT HUMERUS, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISP FX OF LEFT TIBIAL SPINE, INIT FOR OPN FX TYPE I/2	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISP FX OF LUNATE, UNSP WRIST, INIT FOR CLOS FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISP FX OF MIDDLE PHALANX OF R LITTLE FINGER, 7THB	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISP FX OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPL BICONDYLAR FX L TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPL COMMNT SUPRCNDL FX W/O INTRCNDL FX L HUMERUS, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISPL SUPRCNDL FX W/O INTRCNDL EXTN LOW END UNSP FEMR, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISPLACED FRACTURE OF LEFT ULNA STYLOID PROCESS, SEQUELA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISPLACED TRANSVERSE FX SHAFT OF LEFT FEMUR, SEQUELA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPLACED TRIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISPLACED UNSP CONDYLE FX LOWER END OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPLACEMENT OF OTHER URINARY CATHETER, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISTURBANCE OF TEMPERATURE REGULATION OF NEWBORN, UNSP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISTURBANCES IN TOOTH ERUPTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DIVERTICULUM OF APPENDIX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DIZZINESS AND GIDDINESS	Facility	Approved	51		0		0
INITIAL OBSERVATION CARE	DIZZINESS AND GIDDINESS	Multi-Specialty Group	Approved	1		0		0

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INITIAL OBSERVATION CARE	DORSALGIA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DOUBLING OF UTERUS W DOUBLING OF CERVIX AND VAGINA W/O OBST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DOWN SYNDROME, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DRESSLER'S SYNDROME	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DUODENITIS WITH BLEEDING	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DVTRCLI OF INTEST, PART UNSP, W PERF AND ABSCESS W/O BLEED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	14		0		0
INITIAL OBSERVATION CARE	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	DYSPHAGIA FOLLOWING OTHER CEREBROVASCULAR DISEASE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DYSPHAGIA, OROPHARYNGEAL PHASE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DYSPHAGIA, UNSPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	DYSPHASIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DYSPHONIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DYSPNEA, UNSPECIFIED	Facility	Approved	19		0		0
INITIAL OBSERVATION CARE	DYSURIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ECTOPIC PREGNANCY, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	EDEMA, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	ELEVATED C-REACTIVE PROTEIN (CRP)	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCEPHALOPATHY, UNSPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Facility	Approved	115		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Nephrology	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR COSMETIC SURGERY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	END STAGE RENAL DISEASE	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	ENDO, NUTRITIONAL AND METAB DISEASES COMP PREG, THIRD TRI	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	Facility	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	ENDOMETRIOSIS OF UTERUS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ENDOMETRIOSIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENTEROCOLITIS D/T CLOSTRIDIUM DIFFICILE, NOT SPCF AS RECUR	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	EPIGASTRIC PAIN	Facility	Approved	24		0		0
INITIAL OBSERVATION CARE	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	EPISODIC CLUSTER HEADACHE, INTRACTABLE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	EPISTAXIS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ERYTHEMATOUS CONDITION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ESOPHAGEAL WEB	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	40		0		0
INITIAL OBSERVATION CARE	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	17		0		0
INITIAL OBSERVATION CARE	EXCESSIVE MENSTRUATION AT PUBERTY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	EXTENDED SPECTRUM BETA LACTAMASE (ESBL) RESISTANCE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FACIAL WEAKNESS	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	FALL FROM PLAYGRND EQUIP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FALSE LABOR AT OR AFTER 37 COMPLETED WEEKS OF GESTATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GEST, UNSP TRI	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FEBRILE CONVULSIONS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FEBRILE NONHEMOLYTIC TRANSFUSION REACTION	Ancillary	Approved	2		0		0
INITIAL OBSERVATION CARE	FECAL IMPACTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FEEDING DIFFICULTIES	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	FEMALE GENITAL PROLAPSE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	FEVER, UNSPECIFIED	Facility	Approved	41		0		0
INITIAL OBSERVATION CARE	FLU DUE TO OTH IDENT FLU VIRUS W UNSP TYPE OF PNEUMONIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FLU DUE TO OTH IDENT INFLUENZA VIRUS W OTH RESP MANIFEST	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	FLU DUE TO UNIDENTIFIED FLU VIRUS W SPECIFIED PNEUMONIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FLU DUE TO UNIDENTIFIED INFLUENZA VIRUS W OTH RESP MANIFEST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FLUID OVERLOAD, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	FOOD IN ESOPHAGUS CAUSING OTHER INJURY, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FOREIGN BODY IN ANUS AND RECTUM, INITIAL ENCOUNTER	Internal Medicine	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	FOREIGN BODY IN UTERUS, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FOREIGN BODY IN VULVA AND VAGINA, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FOREIGN BODY OF ALIMENTARY TRACT, PART UNSP, INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FRACTURE OF MANUBRIUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FRACTURE OF ORBITAL FLOOR, LEFT SIDE, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FRACTURE OF ORBITAL FLOOR, UNSPECIFIED SIDE, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FRACTURE OF UNSP CARPAL BONE, RIGHT WRIST, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FRACTURE OF UNSP PART OF UNSP CLAVICLE, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FRACTURE OF UNSP PHALANX OF UNSP FINGER, INIT FOR OPN FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	GANGLION, LEFT ANKLE AND FOOT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	25		0		0
INITIAL OBSERVATION CARE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	GASTROPARESIS	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	GASTROSTOMY MALFUNCTION	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W STAT EPI	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	GENERALIZED ABDOMINAL PAIN	Facility	Approved	17		0		0
INITIAL OBSERVATION CARE	GENERALIZED HYPERHIDROSIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	GESTATIONAL HTN W/O SIGNIFICANT PROTEINURIA, UNSP TRIMESTER	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	GLOSSITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	GROSS HEMATURIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	HEADACHE	Facility	Approved	33		0		0
INITIAL OBSERVATION CARE	HEART FAILURE, UNSPECIFIED	Facility	Approved	18		0		0
INITIAL OBSERVATION CARE	HEART FAILURE, UNSPECIFIED	Facility	Denied	3	Services are not medically necessary	3		0
INITIAL OBSERVATION CARE	HEART TRANSPLANT STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMATEMESIS	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	HEMATURIA, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMOPERITONEUM	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	HEMOPTYSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMORRHAGE IN EARLY PREGNANCY, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMORRHAGE OF ANUS AND RECTUM	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	HEREDITARY HEMOCHROMATOSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEREDITARY SPASTIC PARAPLEGIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEREDITARY SPHEROCYTOSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HIDRADENITIS SUPPURATIVA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HISTOPLASMOSIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HISTORY OF FALLING	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPERGLYCEMIA, UNSPECIFIED	Facility	Approved	16		0		0
INITIAL OBSERVATION CARE	HYPERKALEMIA	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	HYPERLIPIDEMIA, UNSPECIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPERTENSIVE EMERGENCY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPERTENSIVE ENCEPHALOPATHY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPERTENSIVE URGENCY	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	HYPERTROPHY OF NASAL TURBINATES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	HYPERTROPHY OF UTERUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPOGLYCEMIA, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	HYPOKALEMIA	Facility	Approved	19		0		0
INITIAL OBSERVATION CARE	HYPO-OSMOLALITY AND HYPONATREMIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPOPARATHYROIDISM, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPOTENSION, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPOTHYROIDISM, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPOXEMIA	Facility	Approved	13		0		0
INITIAL OBSERVATION CARE	I/I REACT D/T IMPLNT ELEC NSTIM OF SPINAL CORD, LEAD, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	IDIOPATHIC ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	IDIOPATHIC OROFACIAL DYSTONIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ILEOSTOMY STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ILEUS, UNSPECIFIED	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	ILLNESS, UNSPECIFIED	Facility	Approved	32		0		0
INITIAL OBSERVATION CARE	ILLNESS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INITIAL OBSERVATION CARE	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INCOMPLETE UTEROVAGINAL PROLAPSE	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	INDETERMINATE COLITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INFECT/INFLM REACTION DUE TO OTH INT PROSTH DEV/GRFT, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	INFECTION FOLLOWING A PROCEDURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INFECTION OF AMPUTATION STUMP, LEFT LOWER EXTREMITY	Facility	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	INFECTIONS OF KIDNEY IN PREGNANCY, THIRD TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	INFECTIOUS MONONUCLEOSIS, UNSPECIFIED WITH POLYNEUROPATHY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	INFLAMMATORY DISORDERS OF BREAST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INFLAMMATORY POLYARTHROPATHY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	INFLUENZA DUE TO UNIDENTIFIED INFLUENZA VIRUS W GI MANIFEST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INTERSTITIAL EMPHYSEMA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	INTUSSUSCEPTION	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	IRREGULAR MENSTRUATION, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LACERATION OF RADIAL ARTERY AT FOREARM LEVEL, LEFT ARM, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LACERATION W/O FB OF UNSP FINGER W DAMAGE TO NAIL, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LACERATION W/O FOREIGN BODY OF OTH PART OF HEAD, INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LACERATION W/O FOREIGN BODY OF VAGINA AND VULVA, INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LACERATION WITHOUT FOREIGN BODY OF LIP, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LACERATION WITHOUT FOREIGN BODY OF RIGHT EAR, INIT ENCNR	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LACERATION WITHOUT FOREIGN BODY OF SCALP, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LEFT LOWER QUADRANT PAIN	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	LEFT SIDED COLITIS WITH UNSPECIFIED COMPLICATIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LEFT UPPER QUADRANT PAIN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	22		0		0
INITIAL OBSERVATION CARE	LIVER DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	LOCAL INFECTION DUE TO CENTRAL VENOUS CATHETER, INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	LOCALIZED SWELLING, MASS AND LUMP, NECK	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LONG LABOR, UNSPECIFIED	Facility	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LOW BACK PAIN	Facility	Approved	13		0		0
INITIAL OBSERVATION CARE	LOWER ABDOMINAL PAIN, UNSPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	LUMBAGO WITH SCIATICA, LEFT SIDE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LUMBAGO WITH SCIATICA, RIGHT SIDE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIG NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SEC	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF CEREBELLUM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF HYPOPHARYNX, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF PROSTATE	Multi-Specialty Group	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF THYMUS	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	MALIGNANT OTITIS EXTERNA, UNSPECIFIED EAR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MANDIBULAR HYPOPLASIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MAPLE-SYRUP-URINE DISEASE	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	MARFAN'S SYNDROME, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MASTITIS WITHOUT ABSCESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MASTODYNIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MATERN CARE FOR ABNLT FETL HRT RATE OR RHYM, UNSP TRI, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MATERNAL CARE FOR BREECH PRESENTATION, UNSP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 1	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MECH COMPL OF IMPLANTED PENILE PROSTHESIS, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MECH COMPL OF OTHER URINARY CATHETER, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MELENA	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	MENINGITIS, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MENINGITIS, UNSPECIFIED	Physician Assistant	Approved	2		0		0
INITIAL OBSERVATION CARE	METABOLIC ENCEPHALOPATHY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MIDDLE CEREBRAL ARTERY SYNDROME	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MILD HYPEREMESIS GRAVIDARUM	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	MILD INTERMITTENT ASTHMA WITH STATUS ASTHMATICUS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MILD TO MODERATE PRE-ECLAMPSIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MILD TO MODERATE PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	MISSED ABORTION	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MIXED INCONTINENCE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MODERATE PERSISTENT ASTHMA WITH STATUS ASTHMATICUS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	MOTORCYCLE RIDER (DRIVER) INJURED IN UNSP TRAF, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MULTIPLE SCLEROSIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MUSCLE WEAKNESS (GENERALIZED)	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MYRINGOTOMY TUBE(S) STATUS	Facility	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	NAUSEA	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	NAUSEA WITH VOMITING, UNSPECIFIED	Facility	Approved	40		0		0
INITIAL OBSERVATION CARE	NAUSEA WITH VOMITING, UNSPECIFIED	Surgery, General	Approved	1		0		0
INITIAL OBSERVATION CARE	NEONATAL CONJUNCTIVITIS AND DACRYOCYSTITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NEONATAL JAUNDICE, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	NEOPLASM OF UNCERTAIN BEHAVIOR OF RESPIRATORY ORGAN, UNSP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NEURALGIA AND NEURITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NEUTROPENIA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	NON-HODGKIN LYMPHOMA, UNSP, EXTRANODAL AND SOLID ORGAN SITES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	32		0		0
INITIAL OBSERVATION CARE	NONINFLAMMATORY DISORD OF OVARY, FALLOP & BROAD LIGMT, UNSP	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NONSPEC ELEV OF LEVELS OF TRANSAMNS & LACTIC ACID DEHYDRGNSE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	NONSPEC ELEV OF LEVELS OF TRANSAMNS & LACTIC ACID DEHYDRGNSE	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	NONSPECIFIC LOW BLOOD-PRESSURE READING	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NONSPECIFIC LYMPHADENITIS, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	NONTOXIC GOITER, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NONTOXIC MULTINODULAR GOITER	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	NONTRAUMATIC HEMATOMA OF SOFT TISSUE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OBSTRUCTION OF BILE DUCT	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OBSTRUCTION OF GALLBLADDER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	13		0		0
INITIAL OBSERVATION CARE	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OCCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OLD MYOCARDIAL INFARCTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OLECRANON BURSTITIS, LEFT ELBOW	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OLIGOHYDRAMNIOS, UNSP TRIMESTER, NOT APPLICABLE OR UNSP	Ancillary	Approved	1		0		0
INITIAL OBSERVATION CARE	OPIOID DEPENDENCE WITH WITHDRAWAL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OPIOID USE, UNSP WITH UNSPECIFIED OPIOID-INDUCED DISORDER	Anesthesiology	Approved	1		0		0
INITIAL OBSERVATION CARE	ORTHOSTATIC HYPOTENSION	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OTH ATHSCL NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH FOREIGN OBJECT IN ESOPHAGUS CAUSING OTH INJURY, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH FRACTURE OF UPPER END OF LEFT ULNA, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH NONDISP FX OF SIXTH CERVICAL VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH PREGNANCY RELATED CONDITIONS, THIRD TRIMESTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYSTEMS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH TYPES OF NON-HODGKIN LYMPHOMA, INTRA-ABD LYMPH NODES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ABNORMALITIES OF BREATHING	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ACUTE APPENDICITIS WITHOUT PERFORATION OR GANGRENE	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	OTHER ACUTE PANCREATITIS WITH UNINFECTED NECROSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ACUTE POSTPROCEDURAL PAIN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ADRENOCORTICAL INSUFFICIENCY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER AMNESIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER AND UNSPECIFIED MISADVENTURES DURING MEDICAL CARE	Facility	Approved	19		0		0
INITIAL OBSERVATION CARE	OTHER APPENDICITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ASCITES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER CARDIOMYOPATHIES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER CEREBRAL PALSY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER CHEST PAIN	Facility	Approved	39		0		0
INITIAL OBSERVATION CARE	OTHER CHOLELITHIASIS WITH OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OTHER CHRONIC PAIN	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER DIFFICULTIES WITH MICTURITION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER DISEASES OF TONGUE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER DISORDER OF CIRCULATORY SYSTEM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER DISORDERS OF BILIRUBIN METABOLISM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER DISORDERS OF CALCIUM METABOLISM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ENCEPHALOPATHY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER FATIGUE	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER FEMALE GENITAL PROLAPSE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER FORMS OF ANGINA PECTORIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER FORMS OF DYSPNEA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER HYPOTENSION	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER INJURY OF UNSPECIFIED BODY REGION	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	OTHER INTERSTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER LESIONS OF ORAL MUCOSA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER MALAISE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER MALAISE	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER MICROSCOPIC HEMATURIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER NEUROLOGIC DISORDERS IN LYME DISEASE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER PHYSEAL FRACTURE OF RIGHT METATARSAL, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER REACTIVE ARTHROPATHIES, LEFT KNEE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER RETENTION OF URINE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OTHER SEASONAL ALLERGIC RHINITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SECONDARY PULMONARY HYPERTENSION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SEIZURES	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OTHER SLEEP RELATED MOVEMENT DISORDERS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED ANEMIAS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED ARTHRITIS, LEFT KNEE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF INTESTINE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISEASES OF GALLBLADDER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISEASES OF PANCREAS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED HEALTH STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF UTERUS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED RAILWAY ACCIDENT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED SOFT TISSUE DISORDERS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPEECH DISTURBANCES	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SYMPTOMS AND SIGNS INVOLVING APPEARANCE AND BEHAVIOR	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER UTERINE INERTIA	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	OTHER VIRAL INFECTIONS OF UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER VISUAL DISTURBANCES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN ARM, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN LEFT ARM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PAIN IN LEFT HAND	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN LEFT KNEE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PAIN IN LEFT LOWER LEG	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN LEG, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PAIN IN RIGHT HIP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PAIN IN RIGHT KNEE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PAIN IN RIGHT LEG	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN RIGHT WRIST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN THORACIC SPINE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN UNSPECIFIED HIP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PAIN IN UNSPECIFIED JOINT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN, UNSPECIFIED	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	PAIN, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
INITIAL OBSERVATION CARE	PALPITATIONS	Facility	Approved	26		0		0
INITIAL OBSERVATION CARE	PARESTHESIA OF SKIN	Facility	Approved	24		0		0
INITIAL OBSERVATION CARE	PARESTHESIA OF SKIN	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	PARKINSON'S DISEASE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PARTIAL PLACENTA PREVIA WITH HEMORRHAGE, UNSP TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PATHOLOGICAL FRACTURE, OTHER SITE, INIT ENCNR FOR FRACTURE	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	PELVIC AND PERINEAL PAIN	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	PERITONEAL ABSCESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERITONSILLAR ABSCESS	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PERSON INJURED IN COLLISION BETW OTH MTR VEH (TRAFFIC), INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF DISEASES OF THE MS SYS AND CONN TISS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF ENDO, NUTRITIONAL AND METABOLIC DISEASE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PHLBTS AND THOMBOPHLB OF SUPERFIC VESSELS OF UNSP LOW EXTRM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PILONIDAL CYST WITH ABSCESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PLEURAL EFFUSION IN OTHER CONDITIONS CLASSIFIED ELSEWHERE	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	PLEURODYNIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PNEUMOCOCCAL ARTHRITIS, LEFT HIP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PNEUMOMEDIASTINUM ORIGINATING IN THE PERINATAL PERIOD	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PNEUMONIA DUE TO OTHER STAPHYLOCOCCUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PNEUMONIA, UNSPECIFIED ORGANISM	Emergency Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	50		0		0
INITIAL OBSERVATION CARE	PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Denied	3	Services are not medically necessary	3		0
INITIAL OBSERVATION CARE	PNEUMONIA, UNSPECIFIED ORGANISM	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	PNEUMONIA, UNSPECIFIED ORGANISM	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	POISONING BY 4-AMINOPHENOL DERIVATIVES, ACCIDENTAL, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, ACCIDENTAL, INIT	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	POLYCYSTIC OVARIAN SYNDROME	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	POSTCOITAL AND CONTACT BLEEDING	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	POSTMENOPAUSAL BLEEDING	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	POSTPROC HEMOR OF A RESP SYS ORG FOL A RESP SYS PROCEDURE	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	POSTPROCEDURAL HYPOTHYROIDISM	Multi-Specialty Group	Approved	1		0		0
INITIAL OBSERVATION CARE	POSTPROCEDURAL RETROPERITONEAL ABSCESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRECARDIAL PAIN	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	PRECARDIAL PAIN	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	PRE-EXCITATION SYNDROME	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, UNSP TRIMESTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	PREM ROM, 7TH0 BETW RUPT & ONST LABR, UNSP WEEKS OF GEST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PREPATELLAR BURSITIS, UNSPECIFIED KNEE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRESENCE OF CARDIAC PACEMAKER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRESENCE OF PROSTHETIC HEART VALVE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	Facility	Approved	3		0		0

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INITIAL OBSERVATION CARE	PRETRM PREM ROM, ONSET LABOR W/N 24 HOURS OF RUPT, THIRD TRI	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRIMARY SLEEP APNEA OF NEWBORN	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PROLAPSE OF VAGINAL VAULT AFTER HYSTERECTOMY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PROTEINURIA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PRURITUS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PURE HYPERCHOLESTEROLEMIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PYOGENIC ARTHRITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PYONEPHROSIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RADICULOPATHY, LUMBAR REGION	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	RAILWAY ACCIDENT OF UNSPECIFIED NATURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RECTAL ABSCESS	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	REPEATED FALLS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	RESPIRATORY ARREST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RESPIRATORY CONDITION OF NEWBORN, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RESPIRATORY FAILURE, UNSPECIFIED WITH HYPOXIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RESTLESSNESS AND AGITATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RETAINED FOREIGN BODY FRAGMENTS, UNSPECIFIED MATERIAL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RETAINED PORTIONS OF PLACENTA AND MEMBRANES, W/O HEMORRHAGE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RETENTION OF URINE, UNSPECIFIED	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	RETROPHARYNGEAL AND PARAPHARYNGEAL ABSCESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RETT'S SYNDROME	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RHABDOMYOLYSIS	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	RHEU ARTHRITIS OF LEFT HAND W INVOLV OF ORGANS AND SYSTEMS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RHEUMATIC TRICUSPID VALVE DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RIGHT LOWER QUADRANT PAIN	Facility	Approved	16		0		0
INITIAL OBSERVATION CARE	RIGHT TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RIGHT UPPER QUADRANT PAIN	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	SALPINGITIS AND OOPHORITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SECONDARY HYPERTENSION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SECONDARY SIDEROBLASTIC ANEMIA DUE TO DISEASE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	SEROUS RETINAL DETACHMENT, LEFT EYE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	SEVERE SEPSIS WITH SEPTIC SHOCK	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SHOCK, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SHORTNESS OF BREATH	Facility	Approved	65		0		0
INITIAL OBSERVATION CARE	SIALOADENITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	SIMPLE FEBRILE CONVULSIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SIRS OF NON-INFECTIOUS ORIGIN W/O ACUTE ORGAN DYSFUNCTION	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	SLEEP APNEA, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SLURRED SPEECH	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SMITH'S FRACTURE OF LEFT RADIUS, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SOLITARY PULMONARY NODULE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SPONDYLOLYSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SPONDYLOSIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	STAPHYLOCOCCAL SCALDED SKIN SYNDROME	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	STENOSIS OF PULMONARY ARTERY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	STIFF-MAN SYNDROME	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	STRANGE AND INEXPLICABLE BEHAVIOR	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	STREPTOCOCCAL PHARYNGITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	STRESS INCONTINENCE (FEMALE) (MALE)	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	STRIDOR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	STUPOR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SUICIDAL IDEATIONS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SUICIDE ATTEMPT, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SUPERFICIAL FOREIGN BODY OF OTHER PART OF HEAD, INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SUPERFICIAL FOREIGN BODY, LEFT GREAT TOE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	15		0		0
INITIAL OBSERVATION CARE	SURGICAL PROC, UNSP CAUSE ABN REACT/COMPL, W/O MISADVNT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SYNCOPE AND COLLAPSE	Emergency Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	SYNCOPE AND COLLAPSE	Facility	Approved	63		0		0
INITIAL OBSERVATION CARE	SYNCOPE AND COLLAPSE	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TACHYCARDIA, UNSPECIFIED	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	THROMBOCYTOPENIA, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	THYROTOXICOSIS, UNSP WITHOUT THYROTOXIC CRISIS OR STORM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TORSION OF LEFT OVARY AND OVARIAN PEDICLE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TORSION OF RIGHT OVARY AND OVARIAN PEDICLE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TOURETTE'S DISORDER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TOXIC EFFECT OF CARB MONX FROM UNSP SOURCE, ACC, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TOXIC EFFECT OF UNSP SUBSTANCE, ACCIDENTAL, INIT	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	TOXIC EFFECT OF VENOM OF WASPS, ACCIDENTAL, INIT	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	TOXIC ENCEPHALOPATHY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TRACHEOSTOMY STATUS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TRANSIENT ALTERATION OF AWARENESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	Facility	Approved	44		0		0
INITIAL OBSERVATION CARE	TRANSIENT GLOBAL AMNESIA	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	TRAUM SUBDR HEM W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TREMOR, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPCF AS ACUTE OR CHRONIC	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	TWIN PREG, UNSP NUM PLCNTA & AMNIO SACS, SECOND TRIMESTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UMBILICAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP DISLOCATION OF LEFT ULNOHUMERAL JOINT, INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP DISLOCATION OF UNSP STERNOCLAVICULAR JOINT, INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FB IN RESP TRACT, PART UNSP CAUSING ASPHYX, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FOREIGN BODY IN ESOPHAGUS CAUSING OTH INJURY, INIT	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF LEFT FEMUR, INIT ENCNR FOR CLOSED FRACTURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF LEFT FOREARM, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF LEFT PATELLA, INIT FOR CLOS FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF LEFT PATELLA, INIT FOR CLOS FX	Surgery, Orthopedic	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR OPN FX TYPE 1/2	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF RIGHT WRIST AND HAND, INIT FOR CLOS FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF SHAFT OF HUMERUS, LEFT ARM, INIT	Facility	Approved	4		0		0

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INITIAL OBSERVATION CARE	UNSP FRACTURE OF SHAFT OF LEFT TIBIA, INIT FOR CLOS FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF SHAFT OF RIGHT TIBIA, INIT FOR CLOS FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF THIRD LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF UNSP FOREARM, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF UNSP FOREARM, INIT FOR OPN FX TYPE I/2	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Family Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP PEDL CYCLST INJURED IN NONCLSN TRNSP ACC NONTRAF, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	146		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Multi-Specialty Group	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Obstetrics/Gynecology	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ACUTE APPENDICITIS	Emergency Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ACUTE APPENDICITIS	Facility	Approved	97		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ACUTE APPENDICITIS	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED APPENDICITIS	Facility	Approved	25		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED APPENDICITIS	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	23		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS	Pediatrics	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA, UNCOMPLICATED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ATHEROSCLEROSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	28		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED CIRRHOSIS OF LIVER	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	UNSPECIFIED CONVULSIONS	Anesthesiology	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED CONVULSIONS	Facility	Approved	21		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED CONVULSIONS	Physician Assistant	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED CORD COMPRESSION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED DYSPARAUNIA	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ECTOPIC PREGNANCY WITH INTRAUTERINE PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED FALL, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED HYDRONEPHROSIS	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED MATERNAL HYPERTENSION, THIRD TRIMESTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED MATERNAL HYPERTENSION, UNSPECIFIED TRIMESTER	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OPEN WOUND OF LEFT HAND, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OPEN WOUND, LEFT HIP, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OPEN WOUND, LEFT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SUBS ENCNT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OPTIC NEURITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OVARIAN CYST, LEFT SIDE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OVARIAN CYSTS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED PARAMETRITIS AND PELVIC CELLULITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED RENAL COLIC	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED SPEECH DISTURBANCES	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	Emergency Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED VISUAL DISTURBANCE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED VISUAL LOSS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSTABLE ANGINA	Facility	Approved	27		0		0
INITIAL OBSERVATION CARE	UPPER ABDOMINAL PAIN, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	URINARY CALCULUS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	18		0		0
INITIAL OBSERVATION CARE	URTICARIA, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Facility	Approved	4		0		0

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INITIAL OBSERVATION CARE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	VENTRICULAR SEPTAL DEFECT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	VERTIGO OF CENTRAL ORIGIN, UNSPECIFIED EAR	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	VESICoureTERAL-REFLUX, UNSPECIFIED	Ancillary	Approved	1		0		0
INITIAL OBSERVATION CARE	VIRAL INFECTION, UNSPECIFIED	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	VIRAL MENINGITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	VISUAL DISCOMFORT, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	VOLUME DEPLETION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	VOMITING OF PREGNANCY, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	VOMITING, UNSPECIFIED	Facility	Approved	19		0		0
INITIAL OBSERVATION CARE	W/CRFT FALL NOS-PERS NOS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	WEAKNESS	Facility	Approved	15		0		0
INITIAL OBSERVATION CARE	WEDGE COMPRESSION FRACTURE OF UNSP LUMBAR VERTEBRA, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	WHEEZING	Facility	Approved	4		0		0
INJ CUVITRU, 100 MG	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Ancillary	Approved	5		0		0
INJ CUVITRU, 100 MG	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ CUVITRU, 100 MG	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ CUVITRU, 100 MG	IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ CUVITRU, 100 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	3		0		0
INJ CUVITRU, 100 MG	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	Ancillary	Approved	4		0		0
INJ DESMOPRESSIN ACETATE	VON WILLEBRAND'S DISEASE	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Family Medicine	Approved	5		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST, INIT	Ancillary	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA COMPLICATING PREGNANCY, SECOND TRIMESTER	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA COMPLICATING PREGNANCY, THIRD TRIMESTER	Family Medicine	Approved	2		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER	Family Medicine	Approved	2		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA IN CHRONIC KIDNEY DISEASE	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
INJ FERRIC CARBOXYMALTOS 1MG	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	CEREBRAL ANEURYSM, NONRUPTURED	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	CHRONIC CHOLECYSTITIS	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	CYCLICAL VOMITING, IN MIGRAINE, NOT INTRACTABLE	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	DECREASED FETAL MOVEMENTS, UNSP TRIMESTER, UNSP	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	DYSYPNEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	ENCOUNTER FOR STERILIZATION	Family Medicine	Approved	3		0		0
INJ FERRIC CARBOXYMALTOS 1MG	END STAGE RENAL DISEASE	Family Medicine	Approved	1		0		0

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INJ FERRIC CARBOXYMALTOS 1MG	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Family Medicine	Approved	2		0		0
INJ FERRIC CARBOXYMALTOS 1MG	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Family Medicine	Approved	2		0		0
INJ FERRIC CARBOXYMALTOS 1MG	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	3		0		0
INJ FERRIC CARBOXYMALTOS 1MG	INTRAMURAL LEIOMYOMA OF UTERUS	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Family Medicine	Approved	52		0		0
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Internal Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Family Medicine	Approved	18		0		0
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Oncology	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	IRREGULAR MENSTRUATION, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	LEIOMYOMA OF UTERUS, UNSPECIFIED	Family Medicine	Approved	2		0		0
INJ FERRIC CARBOXYMALTOS 1MG	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	2		0		0
INJ FERRIC CARBOXYMALTOS 1MG	OSTEOMYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	OTHER IRON DEFICIENCY ANEMIAS	Family Medicine	Approved	7		0		0
INJ FERRIC CARBOXYMALTOS 1MG	OTHER SPECIFIED DISORDERS OF URETHRA	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	SLEEP DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	STIFF-MAN SYNDROME	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	1		0		0
INJ FERRIC CARBOXYMALTOS 1MG	UNSPECIFIED CORNEAL ULCER, LEFT EYE	Facility	Approved	1		0		0
INJ FILGRASTIM EXCL BIOSIMIL	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
INJ FILGRASTIM EXCL BIOSIMIL	KIDNEY TRANSPLANT STATUS	Facility	Denied	1	Services are not medically necessary	1		0
INJ FILGRASTIM EXCL BIOSIMIL	MALIGNANT NEOPLASM OF LEFT RETINA	Other	Approved	1		0		0
INJ FILGRASTIM EXCL BIOSIMIL	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	1		0		0
INJ FILGRASTIM EXCL BIOSIMIL	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	Facility	Approved	1		0		0
INJ FILGRASTIM EXCL BIOSIMIL	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	Pediatric Hematology/Oncology	Approved	1		0		0
INJ FILGRASTIM EXCL BIOSIMIL	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
INJ FOLLITROPIN ALFA 75 IU	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ FOLLITROPIN ALFA 75 IU	RECURRENT PREGNANCY LOSS	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ FOLLITROPIN BETA 75 IU	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	8		0		0
INJ FOLLITROPIN BETA 75 IU	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PAIN MANAGEMENT	Approved	7		0		0
INJ FORAMEN EPIDURAL ADD-ON	CERVICALGIA	PAIN MANAGEMENT	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	CHRONIC PAIN SYNDROME	AMBULATORY SURGERY CENTER	Approved	1		0		0

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INJ FORAMEN EPIDURAL ADD-ON	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	12		0		0
INJ FORAMEN EPIDURAL ADD-ON	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
INJ FORAMEN EPIDURAL ADD-ON	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	CNCTV TISSUE STENOS NEURAL CANAL LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	FUSION OF SPINE LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ANESTHESIOLOGY	Approved	10		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	53		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	9		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	PAIN MANAGEMENT	Approved	7		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	7		0		0
INJ FORAMEN EPIDURAL ADD-ON	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	LUMBAGO WITH SCIATICA LEFT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OCCIPITAL NEURALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0

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INJ FORAMEN EPIDURAL ADD-ON	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	7		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	11		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	HEMATOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROLOGY	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROSURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PAIN MANAGEMENT	Approved	11		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	6		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NURSE PRACTITIONER	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	18		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	10		0		0

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INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	6		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	9		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	9		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY THORACOLUMBR RGN	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Pain Management	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	HOSPITAL	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	AMBULATORY SURGERY CENTER	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPECIFIED DORSOPATHIES SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	12		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0

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INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	47		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	6	Services are not medically necessary	6		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	Other	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	190		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	37	Services are not medically necessary	37		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	73		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	13	Services are not medically necessary	13		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	33		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	13	Services are not medically necessary	13		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	11		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY SITE UNSPECIFIED	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY, LUMBAR REGION	AMBULATORY SURGERY CENTER	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	AMBULATORY SURGERY CENTER	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SCIATICA LEFT SIDE	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SCIATICA RIGHT SIDE	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS LUMBOSACRAL REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	AMBULATORY SURGERY CENTER	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	14		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claudication	PAIN MANAGEMENT	Approved	6		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claudication	SURGERY-NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claudication	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLYSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	6		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	14		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0

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INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	NEUROSURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	Unknown	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	Unknown	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	Unknown	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	ANESTHESIOLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL C/T	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PAIN MANAGEMENT	Approved	11		0		0
INJ FORAMEN EPIDURAL C/T	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	CERVICALGIA	PAIN MANAGEMENT	Approved	7		0		0
INJ FORAMEN EPIDURAL C/T	CERVICALGIA	SURGERY-NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL C/T	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	4		0		0

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INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Pain Management	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	14		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	3		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	24		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PHYSICIAN ASSISTANT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	SPORTS MEDICINE	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL C/T	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL C/T	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	Unknown	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	Unknown	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	Unknown	PAIN MANAGEMENT	Approved	8		0		0
INJ FORAMEN EPIDURAL C/T	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	ARTHRODESIS STATUS	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	ARTHROPATHY UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	AMBULATORY SURGERY CENTER	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	7		0		0
INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	9		0		0
INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0

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INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	CNCTV TISSUE STENOS NEURAL CANAL LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	DORSALGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	FUSION OF SPINE LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ANESTHESIOLOGY	Approved	15		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	9		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	66		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	13		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	Ancillary	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	ANESTHESIOLOGY	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	PAIN MANAGEMENT	Approved	11		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

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INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	15		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	LUMBAGO WITH SCIATICA LEFT SIDE	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	LUMBAGO WITH SCIATICA LEFT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	LUMBAGO WITH SCIATICA, LEFT SIDE	Ancillary	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	MERALGIA PARESTHETICA RIGHT LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	MUSCLE SPASM OF BACK	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OCCIPITAL NEURALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	10		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	19		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	HEMATOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROLOGY	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROSURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PAIN MANAGEMENT	Approved	13		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	9		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NURSE PRACTITIONER	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Approved	6		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	OTHER	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	26		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	11		0		0

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INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT TL REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	15		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	9		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	13		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	15		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY THORACOLUMBR RGN	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	HOSPITAL	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	HOSPITAL	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPECIFIED DORSOPATHIES SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0

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INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	PAIN DUE TO OTHER INTERNAL PROSTH DEV/GRFT, SUBS	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	PELVIC AND PERINEAL PAIN	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	81		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	7		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	6		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	Other	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	301		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	52	Services are not medically necessary	52		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	146		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	20	Services are not medically necessary	20		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Approved	6		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	7		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	6		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	53		0		0

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INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	13	Services are not medically necessary	13		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	18		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	Physician	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SITE UNSPECIFIED	ANESTHESIOLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY, LUMBAR REGION	AMBULATORY SURGERY CENTER	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	17		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY, LUMBAR REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	AMBULATORY SURGERY CENTER	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SCIATICA LEFT SIDE	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SCIATICA RIGHT SIDE	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL ENTHESOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS LUMBOSACRAL REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	AMBULATORY SURGERY CENTER	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC - NON SURGICAL	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	19		0		0

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INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	8		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	10		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	7		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLYSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	10		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	14		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	NEUROSURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SPORTS MEDICINE	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SYNCOPE AND COLLAPSE	Ancillary	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	PAIN MANAGEMENT	Approved	2		0		0
INJ GANIRELIX ACETAT 250 MCG	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	2		0		0
INJ GANIRELIX ACETAT 250 MCG	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
INJ HEPARIN SODIUM PER 10 U	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
INJ HUMAN FIBRINOGEN CON NOS	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS	Facility	Approved	1		0		0
INJ INOTUZUMAB OZOGAM 0.1 MG	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	Facility	Approved	3		0		0
INJ IVIG PRIVIGEN 500 MG	BURKITT LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Facility	Approved	1		0		0
INJ IVIG PRIVIGEN 500 MG	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Facility	Approved	1		0		0
INJ IVIG PRIVIGEN 500 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Facility	Approved	1		0		0
INJ IVIG PRIVIGEN 500 MG	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
INJ IVIG PRIVIGEN 500 MG	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ IVIG PRIVIGEN 500 MG	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Denied	2	Services are not medically necessary	2		0
INJ IVIG PRIVIGEN 500 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
INJ IVIG PRIVIGEN 500 MG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
INJ IVIG PRIVIGEN 500 MG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ IVIG PRIVIGEN 500 MG	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	3		0		0
INJ IVIG PRIVIGEN 500 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ IVIG PRIVIGEN 500 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Facility	Approved	1		0		0

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INJ IVIG PRIVIGEN 500 MG	OTH VIRAL AGENTS AS THE CAUSE OF DISEASES CLASSD ELSWHR	Facility	Denied	1	Services are not medically necessary	1		0
INJ IVIG PRIVIGEN 500 MG	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	Hematology	Approved	1		0		0
INJ IVIG PRIVIGEN 500 MG	SYSTEMIC SCLEROSIS, UNSPECIFIED	Facility	Approved	4		0		0
INJ IVIG PRIVIGEN 500 MG	UNSPECIFIED ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
INJ LEVOCARNITINE PER 1 GM	ADULT T-CELL LYMPH/LEUK (HTLV-1-ASSOC) NOT ACHIEVE REMISSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INJ MAGNESIUM SULFATE	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INJ MENOTROPINS 75 IU	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	8		0		0
INJ MENOTROPINS 75 IU	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
INJ MILRINONE LACTATE / 5 MG	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ MILRINONE LACTATE / 5 MG	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
INJ MVASI 10 MG	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ OCRELIZUMAB 1 MG; METHYLPREDNISOLONE INJECTION; DIPHENHYDRAMINE HCL INJECTIO	G35 - Multiple sclerosis	Neurology	Approved	1		0		0
INJ PARAVERT F JNT C/T 1 LEV	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 1 LEV	MUSCLE SPASM OF BACK	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 1 LEV	PARESTHESIA OF SKIN	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 1 LEV	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Neurology	Approved	1		0		0
INJ PARAVERT F JNT C/T 1 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ PARAVERT F JNT C/T 1 LEV	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INJ PARAVERT F JNT C/T 2 LEV	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 2 LEV	MUSCLE SPASM OF BACK	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 2 LEV	PARESTHESIA OF SKIN	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 2 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ PARAVERT F JNT C/T 2 LEV	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INJ PARAVERT F JNT C/T 3 LEV	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 3 LEV	MUSCLE SPASM OF BACK	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 3 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ PARAVERT F JNT C/T 3 LEV	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	ALTERED MENTAL STATUS, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	LOW BACK PAIN	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	LUMBAGO WITH SCIATICA, LEFT SIDE	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	MUSCLE SPASM OF BACK	Ancillary	Approved	3		0		0
INJ PARAVERT F JNT L/S 1 LEV	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	Family Medicine	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ PARAVERT F JNT L/S 1 LEV	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	8		0		0

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INJ PARAVERT F JNT L/S 1 LEV	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 1 LEV	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ PARAVERT F JNT L/S 2 LEV	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 2 LEV	LOW BACK PAIN	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 2 LEV	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
INJ PARAVERT F JNT L/S 2 LEV	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	Family Medicine	Approved	1		0		0
INJ PARAVERT F JNT L/S 2 LEV	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ PARAVERT F JNT L/S 2 LEV	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ PARAVERT F JNT L/S 3 LEV	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 3 LEV	LOW BACK PAIN	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT L/S 3 LEV	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
INJ PARAVERT F JNT L/S 3 LEV	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	Family Medicine	Approved	1		0		0
INJ PARAVERT F JNT L/S 3 LEV	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ PARAVERT F JNT L/S 3 LEV	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ PEMBROLIZUMAB	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
INJ PEMBROLIZUMAB	LOCALIZED SWELLING, MASS AND LUMP, NECK	Oncology	Approved	1		0		0
INJ PEMBROLIZUMAB	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	Oncology	Approved	1		0		0
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF ASCENDING COLON	Hematology	Approved	1		0		0
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	1		0		0
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Hematology	Approved	1		0		0
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Family Medicine	Approved	2		0		0
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Hematology	Approved	1		0		0
INJ PEMBROLIZUMAB	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	1		0		0
INJ PEMBROLIZUMAB	UNSPECIFIED ATRIAL FLUTTER	Family Medicine	Approved	2		0		0
INJ POTASSIUM CHLORIDE	DIARRHEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ POTASSIUM CHLORIDE	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	1		0		0
INJ POTASSIUM CHLORIDE	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Family Medicine	Approved	2		0		0
INJ RETACRIT NON-ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
INJ RETACRIT NON-ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	Facility	Denied	1	Services are not medically necessary	1		0
INJ RETACRIT NON-ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	1		0		0
INJ RETACRIT NON-ESRD USE	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE	Oncology	Approved	2		0		0
INJ RETACRIT NON-ESRD USE	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Nephrology	Approved	1		0		0
INJ TBO FILGRASTIM 1 MICROG	OTHER NEUTROPENIA	Family Medicine	Approved	1		0		0

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INJ TENDON SHEATH/LIGAMENT	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
INJ TENDON SHEATH/LIGAMENT	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	2		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	3		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Family Medicine	Approved	3		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	2		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	SECONDARY MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
INJ TRIAMCINOLONE ACE XR 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	1		0		0
INJ TRIAMCINOLONE ACE XR 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	2	Services are not medically necessary	2		0
INJ TRIAMCINOLONE ACE XR 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Denied	2	Services are not medically necessary	2		0
INJ TRIAMCINOLONE ACE XR 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
INJ TRIAMCINOLONE ACE XR 1MG	PAIN IN LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Anesthesiology	Approved	1		0		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	General Practice	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Anesthesiology	Approved	1		0		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Pain Management	Denied	2	Services are not medically necessary	2		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	7	Services are not medically necessary	7		0
INJ, ADO-TRASTUZUMAB EMT 1MG	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
INJ, DUROLANE 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ, DUROLANE 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
INJ, DUROLANE 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
INJ, DUROLANE 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
INJ, DUROLANE 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
INJ, DUROLANE 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
INJ, ETELCALCETIDE, 0.1 MG	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
INJ, ETELCALCETIDE, 0.1 MG	END STAGE RENAL DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ, ETELCALCETIDE, 0.1 MG	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Ancillary	Approved	1		0		0
INJ, ETELCALCETIDE, 0.1 MG	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Ancillary	Approved	1		0		0
INJ, NUSINERSEN, 0.1MG	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	4		0		0
INJ, NUSINERSEN, 0.1MG	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	3		0		0

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INJ, OLARATUMAB, 10 MG	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
INJ, OLARATUMAB, 10 MG	DEHYDRATION	Family Medicine	Approved	1		0		0
INJ, RIMABOTULINUMTOXINB	DYSTONIA, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ, RIMABOTULINUMTOXINB	DYSTONIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ, RIMABOTULINUMTOXINB	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Neurology	Denied	1	Services are not medically necessary	1		0
INJ, RIMABOTULINUMTOXINB	SPASMODIC TORTICOLLIS	Ancillary	Approved	2		0		0
INJ, RIMABOTULINUMTOXINB	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
INJ, RIMABOTULINUMTOXINB	SPASMODIC TORTICOLLIS	Physical Medicine	Approved	2		0		0
INJ, RIMABOTULINUMTOXINB	SPASMODIC TORTICOLLIS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
INJ, RITUXIMAB, 10 MG; DIPHENHYDRAMINE HCL INJECTIO; ONDANSETRON HCL INJECTION	M31.1 - Thrombotic microangiopathy	Hematology/Oncology	Approved	1		0		0
INJ., APREPITANT, 1 MG	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Oncology	Approved	1		0		0
INJ., APREPITANT, 1 MG	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
INJ., APREPITANT, 1 MG	MALIG NEOPLASM OF UNSP TESTIS, UNSP DESCENDED OR UNDESCENDED	Oncology	Approved	1		0		0
INJ., APREPITANT, 1 MG	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
INJ., APREPITANT, 1 MG	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Hematology	Approved	1		0		0
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Oncology	Approved	1		0		0
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
INJ., APREPITANT, 1 MG	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORAC LYMPH NODES	Hematology	Approved	1		0		0
INJ., APREPITANT, 1 MG	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Hematology	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	BRADYCARDIA, UNSPECIFIED	Critical Care Medicine	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Allergy/Immunology	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	2		0		0
INJ., BENRALIZUMAB, 1 MG	OTHER ASTHMA	Critical Care Medicine	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	OTHER ASTHMA	Family Medicine	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	PERITONEAL ABSCESS	Ancillary	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	POLYP OF NASAL CAVITY	Allergy/Immunology	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Allergy/Immunology	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	4		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Denied	2	Services are not medically necessary	2		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	6		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	7		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0

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INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	2	Services are not medically necessary	2		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	2		0		0
INJ., BENRALIZUMAB, 1 MG	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	UNSPECIFIED ABDOMINAL PAIN	Pulmonary Disease	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	Infectious Disease	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
INJ., COSYNTROPIN, 0.25 MG	OTHER ADRENOCORTICAL OVERACTIVITY	Facility	Approved	1		0		0
INJ., COSYNTROPIN, 0.25 MG	RIGHT AORTIC ARCH	Facility	Approved	1		0		0
INJ., DURVALUMAB, 10 MG	DISORIENTATION, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ., DURVALUMAB, 10 MG	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	Hematology	Approved	1		0		0
INJ., GUSELKUMAB, 1 MG	PSORIASIS VULGARIS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ., HAEGARDA 10 UNITS	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology	Approved	1		0		0
INJ., HAEGARDA 10 UNITS	DEFECTS IN THE COMPLEMENT SYSTEM	Ancillary	Approved	1		0		0
INJ., IBALIZUMAB-UIYK, 10 MG	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Medicine	Approved	1		0		0
INJ., IBALIZUMAB-UIYK, 10 MG	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
INJ., RAVULIZUMAB-CWVZ 10 MG	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	ARTERITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	ARTERITIS, UNSPECIFIED	Oncology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
INJ., RITUXIMAB, 10 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Oncology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Family Medicine	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, NODES OF HEAD, FACE, AND NECK	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES	Oncology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES	Family Medicine	Approved	3		0		0
INJ., RITUXIMAB, 10 MG	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	HEART TRANSPLANT STATUS	Facility	Approved	1		0		0

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INJ., RITUXIMAB, 10 MG	HEART TRANSPLANT STATUS	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	Facility	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	Oncology	Approved	3		0		0
INJ., RITUXIMAB, 10 MG	INFLAMMATORY POLYARTHROPATHY	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	MICROSCOPIC POLYANGIITIS	Allergy/Immunology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	MICROSCOPIC POLYANGIITIS	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	MICROSCOPIC POLYANGIITIS	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	Ancillary	Approved	3		0		0
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	Facility	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	NECROTIZING VASCULOPATHY, UNSPECIFIED	Internal Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	NEPHROTIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES	Nephrology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Nephrology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	NEUROMYELITIS OPTICA [DEVIC]	Ancillary	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	NEUROMYELITIS OPTICA [DEVIC]	Facility	Approved	5		0		0
INJ., RITUXIMAB, 10 MG	NEUROMYELITIS OPTICA [DEVIC]	Family Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	NEUROMYELITIS OPTICA [DEVIC]	Neurology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR OF RIGHT HAND	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER AUTOIMMUNE HEMOLYTIC ANEMIAS	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Infectious Disease	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER SPECIFIED MYOTONIC DISORDERS	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER SYSTEMIC SCLEROSIS	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER VASCULITIS LIMITED TO THE SKIN	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	OTHER VASCULITIS LIMITED TO THE SKIN	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	PEMPHIGUS, UNSPECIFIED	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	PNEUMONIA, UNSPECIFIED ORGANISM	Internal Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Infectious Disease	Approved	1		0		0

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INJ., RITUXIMAB, 10 MG	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS OF R WRIST W INVOLV OF ORGANS AND SYSTEMS	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Medicine	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	5		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Ancillary	Approved	3		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Infectious Disease	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Internal Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Facility	Approved	3		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Infectious Disease	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	8		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSP SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	SICCA SYNDROME WITH OTHER ORGAN INVOLVEMENT	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	SICCA SYNDROME WITH OTHER ORGAN INVOLVEMENT	Oncology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	STIFF-MAN SYNDROME	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	STIFF-MAN SYNDROME	Neurology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	STIFF-MAN SYNDROME	Other	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	THROMBOTIC MICROANGIOPATHY	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	THROMBOTIC MICROANGIOPATHY	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	UNSP NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	UNSP NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Nephrology	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	UNSP NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Obstetrics/Gynecology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	VENTRICULAR FIBRILLATION	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Oncology	Approved	1		0		0

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INJ., RITUXIMAB, 10 MG	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Oncology	Approved	2		0		0
INJ., TILDRAKIZUMAB, 1 MG	DIZZINESS AND GIDDINESS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ., VELCADE 0.1 MG	ACUTE KIDNEY FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ., VELCADE 0.1 MG	HYPERGLYCEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJ., VELCADE 0.1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	6		0		0
INJ., VELCADE 0.1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
INJ., VELCADE 0.1 MG	PRESENCE OF HEART ASSIST DEVICE	Family Medicine	Approved	1		0		0
INJ., VELCADE 0.1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Family Medicine	Approved	1		0		0
INJECT EPIDURAL PATCH	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	Family Medicine	Approved	1		0		0
INJECT EPIDURAL PATCH	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	Ancillary	Approved	1		0		0
INJECT SACROILIAC JOINT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
INJECT SACROILIAC JOINT	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	3		0		0
INJECT SACROILIAC JOINT	SACROCOCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	2		0		0
INJECT SACROILIAC JOINT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
INJECT SPINE L/S (CD); DIAGNOSTIC LUMBAR SPINAL PUNCTURE; FLUOROSCOPIC GUIDANCE, THERAPEUTIC INJ	G60.9 - Hereditary and idiopathic neuropathy, unspecified	Neurology	Approved	1		0		0
INJECTION EYE DRUG	POSTERIOR CYCLITIS, LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
INJECTION EYE DRUG	POSTERIOR CYCLITIS, RIGHT EYE	OPHTHALMOLOGY	Approved	2		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH DIAB MACULAR EDEMA, RESOLVED FOL TRTMT, BI	OPHTHALMOLOGY	Approved	1		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	Approved	3		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	7		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	4		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	7		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	4		0		0
INJECTION EYE DRUG	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
INJECTION FOR BLADDER X-RAY	CONGENITAL HYDRONEPHROSIS	Facility	Approved	1		0		0
INJECTION FOR MYELOGRAM	PAIN IN RIGHT LEG	Facility	Approved	1		0		0
INJECTION FOR MYELOGRAM	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
INJECTION FOR MYELOGRAM	RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
INJECTION FOR MYELOGRAM	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
INJECTION FOR SHOULDER X-RAY	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Facility	Approved	1		0		0
INJECTION FOR SHOULDER X-RAY	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
INJECTION INTO VOCAL CORD	MALIGNANT NEOPLASM OF THYROID GLAND	Family Medicine	Approved	1		0		0

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INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEI	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	Psychiatry		0		0	Approved	1
INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	Emergency Medicine		0		0	Denied	1
INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine		0		0	Approved	1
INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Family Medicine		0		0	Approved	1
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	6		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	CHRONIC PAIN SYNDROME	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LENNOX-GASTAUT SYNDROME INTRACTABLE WITH SE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LOW BACK PAIN	PAIN MANAGEMENT	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LOW BACK PAIN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	NEOPLASM RELATED PAIN ACUTE CHRONIC	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	NEOPLASM RELATED PAIN ACUTE CHRONIC	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER BURSITIS OF HIP LEFT HIP	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

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Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Approved	6		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Approved	21		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	RADIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	SPORTS MEDICINE	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Approved	48		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	9	Services are not medically necessary	9		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	5		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	69		0		0

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Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	29	Services are not medically necessary	29		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	31		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	7	Services are not medically necessary	7		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SPORTS MEDICINE	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SEGMENTAL & SOMATIC DYSFUNCTION OF SACRAL REGION	PHYSIATRY	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SEGMENTAL & SOMATIC DYSFUNCTION OF SACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPINAL INSTABILITIES LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPRAIN OF SACROILIAC JOINT INITIAL ENCOUNTER	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	TRIGGER FINGER RIGHT RING FINGER	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Approved	1		0		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	2		0		0

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Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SPINAL INSTABILITIES LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJECTION THERAPY OF VEINS	I83.11 - Varicose veins of right lower extremity with inflammation; I83.12 - Varicose veins of left lower extremity with inflammation	Vascular Surgery	Approved	2		0		0
INJECTION TREATMENT OF NERVE	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Other	Approved	1		0		0
INJECTION TREATMENT OF NERVE	OTHER SPECIFIED MONONEUROPATHIES	Facility	Approved	1		0		0
INJECTION TREATMENT OF NERVE	PAIN IN LEFT KNEE	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION TREATMENT OF NERVE	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CERVICALGIA	ANESTHESIOLOGY	Approved	7		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	CERVICALGIA	Emergency Medicine		0		0	Denied	1
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CERVICALGIA	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CERVICALGIA	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CHRONIC PAIN SYNDROME	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	5		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	INFANTILE SPINAL MUSCULAR ATROPHY TYPE I	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	LOW BACK PAIN	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH CERV DISC DISPLACMENT HIGH CERVICAL REG	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICOTHORACIC	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	8		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	11		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	13		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS W/ MYELOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	PARESTHESIA OF SKIN	Emergency Medicine		0		0	Approved	1
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOLISTHESIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH OA-AX RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	44		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	63		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	11	Services are not medically necessary	11		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSIATRY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	27		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SPORTS MEDICINE	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Approved	12		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	21		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY TL RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY TL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Unknown	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Unknown	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	7		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	ACANTHOLYTIC DISORDER UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	ARTHROPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	ARTHROPATHY UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	7		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	7		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	DORSALGIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	FATIGUE FX VERT LUMB RGN INIT ENCOUNTER FOR FX	RADIOLOGY	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	FUSION OF SPINE LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	FUSION OF SPINE LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	PAIN MANAGEMENT	Approved	25		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OSSEOUS STENOSIS NEURAL CANAL OF LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NURSE PRACTITIONER	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DEGEN THORACOLUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPECIFIED DORSOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	11		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	23		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	9		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	15		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	10		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	PAIN IN LEFT HIP	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	PANNICULITIS AFFECT REGIONS NCK BACK LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	POSTLAMINECTOMY SYNDROME NEC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SCIATICA UNSPECIFIED SIDE	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLYSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLYSIS LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLYSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOLYSIS LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	54		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	8	Services are not medically necessary	8		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	107		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	13	Services are not medically necessary	13		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	56		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	7	Services are not medically necessary	7		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICIAN ASSISTANT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PEDIATRICS	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	34		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	83		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	17		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PSYCHIATRY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PSYCHIATRY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Unknown	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ONCOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	10		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	SURGERY-GENERAL	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	ANESTHESIOLOGY	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CHRONIC PAIN SYNDROME	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERV DISC DISPLACMENT HIGH CERVICAL REG	ORTHOPEDIC SURGERY	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICOTHORACIC	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	8		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	11		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	13		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS W/ MYELOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH OA-AX RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	41		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	60		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	12	Services are not medically necessary	12		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSIATRY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	26		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SPORTS MEDICINE	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Approved	9		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	19		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	Unknown	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	Unknown	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	ARTHROPATHY UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	DORSALGIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	FUSION OF SPINE LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	LOW BACK PAIN	PAIN MANAGEMENT	Approved	15		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	LOW BACK PAIN	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	LOW BACK PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	7		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	14		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	13		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	POSTLAMINECTOMY SYNDROME NEC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEdic SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	Spinal stenosis, lumbar region without neurogenic claudication	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLISTHESIS SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLYSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLYSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLYSIS LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	40		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	70		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	9	Services are not medically necessary	9		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	39		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICIAN ASSISTANT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PEDIATRICS	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	25		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	47		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	8		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PSYCHIATRY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PSYCHIATRY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY TL RGN	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	Unknown	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ONCOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	ACANTHOLYTIC DISORDER UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	ARTHROPATHY UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	7		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	DORSALGIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	FUSION OF SPINE LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	FUSION OF SPINE LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PAIN MANAGEMENT	Approved	22		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NURSE PRACTITIONER	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN THORACOLUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	3		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPECIFIED DORSOPATHIES LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	9		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	19		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	7		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	13		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	9		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	PAIN IN LEFT HIP	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	POSTLAMINECTOMY SYNDROME NEC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	4		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SCIATICA UNSPECIFIED SIDE	PAIN MANAGEMENT	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLYSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLYSIS LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLYSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLYSIS LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	52		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	6	Services are not medically necessary	6		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	100		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	13	Services are not medically necessary	13		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	53		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICIAN ASSISTANT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PEDIATRICS	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	33		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	6	Services are not medically necessary	6		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	73		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	16		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PSYCHIATRY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PSYCHIATRY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Unknown	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ONCOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	8		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CERVICALGIA	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CERVICALGIA	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CERVICALGIA	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CHRONIC PAIN SYNDROME	ORTHOPEdic SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	3		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH CERV DISC DISPLACMENT HIGH CERVICAL REG	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY CERVICOTHORACIC	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	8		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	8		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	OTHER SPONDYLOSIS W/ MYELOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH OA-AX RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	33		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	38		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	7	Services are not medically necessary	7		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSIATRY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	18		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SPORTS MEDICINE	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Approved	9		0		0

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Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	14		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	Unknown	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	Unknown	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0

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Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution)	LOW BACK PAIN	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution)	LOW BACK PAIN	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution)	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution)	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	ANAL FISTULA	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	ARTHROPATHY UNSPECIFIED	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	ANESTHESIOLOGY	Approved	11		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	PAIN MANAGEMENT	Approved	12		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC ANAL FISSURE	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	16		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	13		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	COLLAPSED VERT NEC LUMB SUBSQT ENC FX W/HEALING	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	FUSION OF SPINE CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	IDIOPATHIC PROGRESSIVE NEUROPATHY	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRA LDISC D/O W/RADICULOPATHY TL RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	6		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	11		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LESION OF SCIATIC NERVE LEFT LOWER LIMB	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	ANESTHESIOLOGY	Denied	5	Services are not medically necessary	5		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	INTERNAL MEDICINE	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	PAIN MANAGEMENT	Approved	14		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA LEFT SIDE	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA RIGHT SIDE	ORTHOPEdic SURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA RIGHT SIDE	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	NEOPLASM RELATED PAIN ACUTE CHRONIC	ONCOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERV DISC DISPLACMENT HIGH CERVICAL REG	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERV DISC DISPLACMENT HIGH CERVICAL REG	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC D/O HIGH CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	10		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	8		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	13		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	9		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	7		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	FAMILY PRACTICE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	22		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	9		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	14		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	33		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	24		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	9		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	FAMILY PRACTICE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	23		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	10		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER HEMORRHOIDS	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPECIFIED DORSOPATHIES LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN THORACIC SPINE	ONCOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PILONIDAL CYST WITHOUT ABSCESS	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	POSTLAMINECTOMY SYNDROME NEC	PHYSICIAN ASSISTANT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	POSTLAMINECTOMY SYNDROME NEC	SPORTS MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	POSTLAMINECTOMY SYNDROME NEC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	81		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	17	Services are not medically necessary	17		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	101		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	25	Services are not medically necessary	25		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	65		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	9	Services are not medically necessary	9		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	81		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	2		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	130		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	10	Services are not medically necessary	10		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PHYSIATRY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	25		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	13		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	17		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	10		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	INTERNAL MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	28		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	PATHOLOGY	Approved	1		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	6		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACIC REGION	INTERNAL MEDICINE	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	16		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACIC REGION	SPORTS MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SCIATICA LEFT SIDE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SCIATICA LEFT SIDE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SLEEP DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPASMODIC TORTICOLLIS	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	NEUROSURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL MUSCULAR ATROPHY UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	9		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEdic	Approved	11		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	VASCULAR SURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claudication	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claudication	NEUROSURGERY	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claudication	ORTHOPEdic SURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claudication	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claudication	SURGERY-ORTHOPEdic	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLYSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLYSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH OA-AX RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	7		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	8		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SURGERY-ORTHOPEdic	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEdic	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	ANESTHESIOLOGY	Approved	12		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	ANESTHESIOLOGY	Denied	9	Services are not medically necessary	9		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	ORTHOPEdic SURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	PAIN MANAGEMENT	Approved	19		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	FAMILY PRACTICE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	SURGERY-ORTHOPEdic	Approved	1		0		0

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	WEDGE COMPRS FX UNS LUMB VERT SUB ENC FX DLAY HL	SURGERY-NEUROLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,	QUADRIPLEGIA UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORA	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	Emergency Medicine		0		0	Approved	1
INJECTION, ALEMTUZUMAB	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	ALCOHOL-INDUCED CHRONIC PANCREATITIS	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	ALGONEURODYSTROPHY LEFT HAND	PAIN MANAGEMENT	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	CAUSALGIA OF LEFT UPPER LIMB	PAIN MANAGEMENT	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	CAUSALGIA OF RIGHT UPPER LIMB	PAIN MANAGEMENT	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	2		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I LEFT UPPER LIMB	PAIN MANAGEMENT	Approved	2		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	PAIN MANAGEMENT	Approved	2		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I UNS UPPER LIMB	PAIN MANAGEMENT	Approved	9		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I UNS UPPER LIMB	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	OTHER DISORDERS OF FACIAL NERVE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	POST-TRAUMATIC STRESS DISORDER CHRONIC	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJECTION, CARFILZOMIB, 1 MG	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	4		0		0
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	5		0		0
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	5		0		0
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
INJECTION, CORTICOTROPIN, UP TO 40 UNITS	RHEUMATOID ARTHRITIS, UNSPECIFIED	Surgery, Orthopedic		0		0	Denied	1
INJECTION, DARATUMUMAB 10 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INJECTION, DARATUMUMAB 10 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
INJECTION, DARATUMUMAB 10 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
INJECTION, EDARAVONE, 1 MG	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION, EDARAVONE, 1 MG	Amyotrophic lateral sclerosis	Emergency Medicine		0		0	Denied	1

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INJECTION, ELOTUZUMAB, 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INJECTION, ELOTUZUMAB, 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	1		0		0
INJECTION, ELOTUZUMAB, 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
INJECTION, ELOTUZUMAB, 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	2		0		0
INJECTION, FAMOTIDINE, 20 MG	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOLOGICAL SUBST, INIT	Family Medicine	Approved	1		0		0
INJECTION, FAMOTIDINE, 20 MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Family Medicine	Approved	2		0		0
INJECTION, FULPHILA	FEVER, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	HYPOTENSION, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF ASCENDING COLON	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF BODY OF STOMACH	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Family Medicine	Approved	2		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Family Medicine	Approved	2		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF SIGMOID COLON	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Family Medicine	Approved	1		0		0
INJECTION, FULPHILA	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)	Facility	Approved	1		0		0
INJECTION, FULPHILA	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Family Medicine	Approved	1		0		0
INJECTION, FULVESTRANT	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, FULVESTRANT	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, FULVESTRANT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
INJECTION, FULVESTRANT	SECONDARY MALIGNANT NEOPLASM OF BONE	Family Medicine	Approved	1		0		0
INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA	Ancillary		0		0	Approved	1
INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Emergency Medicine		0		0	Denied	1
INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Rheumatology		0		0	Denied	1
INJECTION, INFLECTRA	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Rheumatology	Denied	1	Services are not medically necessary	1		0
INJECTION, INFLECTRA	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION, INFLECTRA	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0

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INJECTION, INFLECTRA	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION, INFLECTRA	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING	Rheumatology	Denied	1	Services are not medically necessary	1		0
INJECTION, INFLECTRA	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION, INFLECTRA	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
INJECTION, INFLECTRA	POSTERIOR CYCLITIS, BILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION, INFLECTRA	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
INJECTION, LEVOCARNITINE, PER 1 GM	Acute lymphoblastic leukemia not having achieved remission	Obstetrics/Gynecology		0		0	Denied	1
INJECTION, MEPOLIZUMAB, 1MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION, MEPOLIZUMAB, 1MG	EOSINOPHILIA	Ancillary	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	IDIOPATHIC URTICARIA	Pharmacology, Clinical	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	2		0		0
INJECTION, MEPOLIZUMAB, 1MG	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Ancillary	Approved	2		0		0
INJECTION, MEPOLIZUMAB, 1MG	PULMONARY EOSINOPHILIA, NOT ELSEWHERE CLASSIFIED	Critical Care Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	2		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Approved	2		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	6		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	3		0		0
INJECTION, MEPOLIZUMAB, 1MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Approved	3		0		0
INJECTION, MEPOLIZUMAB, 1MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
INJECTION, NIVOLUMAB	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE	Oncology	Denied	1	Services are not medically necessary	1		0
INJECTION, NIVOLUMAB	DISORIENTATION, UNSPECIFIED	Family Medicine	Approved	4		0		0
INJECTION, NIVOLUMAB	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, NIVOLUMAB	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Family Medicine	Approved	1		0		0
INJECTION, NIVOLUMAB	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Oncology	Approved	2		0		0
INJECTION, NIVOLUMAB	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	HOSPITAL	Approved	1		0		0
INJECTION, NIVOLUMAB	SECONDARY MALIGNANT NEOPLASM OF BONE	Family Medicine	Approved	1		0		0
INJECTION, NIVOLUMAB	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Ancillary	Approved	35		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Ancillary	Denied	4	Services are not medically necessary	4		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Facility	Approved	4		0		0

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INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Facility	Denied	3	Services are not medically necessary	3		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Family Medicine	Approved	5		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Gastroenterology	Approved	1		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Hematology	Approved	1		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Infectious Disease	Approved	3		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Internal Medicine	Approved	6		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Neurology	Approved	26		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Oncology	Approved	3		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Rheumatology	Approved	1		0		0
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Internal Medicine		0		0	Denied	1
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine		0		0	Approved	1
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Chronic migraine without aura, intractable, without status migrainosus	Vascular & Interventional Radiology		0		0	Approved	1
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Cardiovascular Disease		0		0	Denied	1
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pulmonary Disease		0		0	Approved	1
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	IDIOPATHIC NONFAMILIAL DYSTONIA	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management		0		0	Denied	1
INJECTION, PEGFILGRASTIM 6MG	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	ACUTE RESPIRATORY DISTRESS	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	CHEST PAIN, UNSPECIFIED	Hematology	Denied	1	Services are not medically necessary	1		0
INJECTION, PEGFILGRASTIM 6MG	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	Rheumatology	Denied	1	Services are not medically necessary	1		0
INJECTION, PEGFILGRASTIM 6MG	DEHYDRATION	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Family Medicine	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0

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INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF BODY OF STOMACH	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Family Medicine	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF LEFT OVARY	Gynecologic Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF LEFT RETINA	Ancillary	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF RIGHT OVARY	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	3		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MASTITIS WITHOUT ABSCESS	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	OTHER DRUG-INDUCED AGRANULOCYTOSIS	Hematology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	POSTPROC SEROMA OF A MS STRUCTURE FOL A MS SYS PROCEDURE	Family Medicine	Approved	2		0		0
INJECTION, PEGFILGRASTIM 6MG	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	SHORTNESS OF BREATH	Family Medicine	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
INJECTION, PERTUZUMAB, 1 MG	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, PERTUZUMAB, 1 MG	SECONDARY MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
INJECTION, RAMUCIRUMAB	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, RENFLEXIS	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
INJECTION, RESLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	2		0		0
INJECTION, RUCONEST	DEFECTS IN THE COMPLEMENT SYSTEM	Ancillary	Approved	1		0		0
INJECTION, SILTUXIMAB	CASTLEMAN DISEASE	Facility	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	HYPH-O-SMOLALITY AND HYPONATREMIA	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF BODY OF STOMACH	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Family Medicine	Approved	1		0		0

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INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, UDENYCA 0.5 MG	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Ancillary	Approved	2		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Ancillary	Approved	3		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Multi-Specialty Group	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Rheumatology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	4		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	4		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	5		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	4		0		0

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INJECTION, VEDOLIZUMAB	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	LEFT SIDED COLITIS WITH RECTAL BLEEDING	Infectious Disease	Approved	1		0		0
INJECTION, VEDOLIZUMAB	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
INJECTION, VEDOLIZUMAB	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, VEDOLIZUMAB	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	3		0		0
INJECTION, VEDOLIZUMAB	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS	Infectious Disease	Approved	1		0		0
INJECTION, VEDOLIZUMAB	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	3		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Facility	Approved	2		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	5		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Family Medicine	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Infectious Disease	Approved	2		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Infectious Disease	Denied	1	Services are not medically necessary	1		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	Internal Medicine	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	5		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	7		0		0

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INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
INJECTION, ZARXIO	ACUTE RESPIRATORY DISTRESS	Family Medicine	Approved	2		0		0
INJECTION, ZARXIO	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
INJECTION, ZARXIO	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Family Medicine	Approved	2		0		0
INJECTION, ZARXIO	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
INJECTION, ZARXIO	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Family Medicine	Approved	2		0		0
INJECTION, ZARXIO	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
INJECTION, ZARXIO	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF BODY OF STOMACH	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF LEFT OVARY	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF SIGMOID COLON	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MASTITIS WITHOUT ABSCESS	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INJECTION, ZARXIO	OTHER DRUG-INDUCED AGRANULOCYTOSIS	Family Medicine	Approved	1		0		0
INJECTION, ZARXIO	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
INJECTION, ZOLEDRONIC ACID, 1 MG; VALPROATE SODIUM (DEPACON) 100 MG; DEXAMETHASONE SODIUM PHOS; PR	G43.009 - Migraine without aura, not intractable, without status migrainosus	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ACUTE RESPIRATORY DISTRESS	Pediatric Otolaryngology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ALTERNATING ESOTROPIA	Ophthalmology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	AMYOTROPHIC LATERAL SCLEROSIS	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ANAL FISSURE, UNSPECIFIED	Ancillary	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	ANAL FISSURE, UNSPECIFIED	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ANEURYSM OF UNSPECIFIED SITE	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ARTHRALGIA OF TEMPOROMANDIBULAR JOINT, UNSPECIFIED SIDE	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	BELL'S PALSY	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Family Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Ophthalmology	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Ophthalmology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Psychiatry	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Family Medicine	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJECTION,ONABOTULINUMTOXINA	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CEREBRAL PALSY, UNSPECIFIED	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHEST PAIN, UNSPECIFIED	Family Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC ANAL FISSURE	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC ANAL FISSURE	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Ancillary	Approved	12		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Ancillary	Denied	3	Services are not medically necessary	3		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	General Practice	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	7		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	48		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Denied	8	Services are not medically necessary	8		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Facility	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	11		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Internal Medicine	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	48		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	4	Services are not medically necessary	4		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pain Management	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physical Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Podiatry	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	3		0		0

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INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Adult Nurse Practitioner Primary Care	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	39		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Denied	7	Services are not medically necessary	7		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Facility	Approved	10		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	10		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Multi-Specialty Group	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	20		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatrics	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pharmacology, Clinical	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Surgery, Plastic	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC PAIN SYNDROME	Family Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, BILATERAL	Ophthalmology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, LEFT	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, RIGHT	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, RIGHT	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Ancillary	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Family Medicine	Approved	17		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Neurology	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Ophthalmology	Approved	1		0		0

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INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Pediatrics	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CONTRACTURE OF MUSCLE, LEFT LOWER LEG	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	CONTRACTURE, UNSPECIFIED KNEE	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Family Medicine	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CUTANEOUS ABSCESS, UNSPECIFIED	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	DYSPHONIA	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	DYSTONIA, UNSPECIFIED	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	DYSTONIA, UNSPECIFIED	Neurology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	DYSTONIA, UNSPECIFIED	Pain Management	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	10		0		0
INJECTION,ONABOTULINUMTOXINA	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ESSENTIAL TREMOR	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	EXUDATIVE AGE-RELATED MCLR DEGN, LEFT EYE, STAGE UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	FACIAL MYOKYMIA	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	GENERALIZED ABDOMINAL PAIN	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	GENETIC TORSION DYSTONIA	Family Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	HEADACHE	Family Medicine	Approved	7		0		0
INJECTION,ONABOTULINUMTOXINA	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	HEMIPLGA FOLLOWING CEREBRAL INFARCTION AFFECTING UNSP SIDE	Family Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	IDIOPATHIC OROFACIAL DYSTONIA	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	IDIOPATHIC OROFACIAL DYSTONIA	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	IDIOPATHIC OROFACIAL DYSTONIA	Psychiatry	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	ILLNESS, UNSPECIFIED	Pediatric Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	INTERCOSTAL NEUROPATHY	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	INTERSTITIAL CYSTITIS (CHRONIC) WITHOUT HEMATURIA	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	LARYNGEAL SPASM	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	LARYNGEAL SPASM	Otolaryngology (Ear, Nose, And Throat)	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	LARYNGEAL SPASM	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MALIGNANT NEOPLASM OF SIGMOID COLON	Family Medicine	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	7		0		0

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INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	25		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatrics	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	86		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Pediatrics	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	7		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Surgery, Neurological	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Dermatology	Approved	1		0		0

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INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pain Management	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	14		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Surgery, General	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	MIXED INCONTINENCE	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIXED INCONTINENCE	Gynecology (No OB)	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIXED INCONTINENCE	Urology	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	MULTIPLE SCLEROSIS	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MUSCLE SPASM OF BACK	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MUSCLE SPASM OF BACK	Family Medicine	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	Family Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	NEW DAILY PERSISTENT HEADACHE (NDPH)	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	NONDISP FX OF HEAD OF RIGHT RADIUS, INIT FOR CLOS FX	Family Medicine	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	7		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER ABNORMALITIES OF BREATHING	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Facility	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER DISEASES OF VOCAL CORDS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER DISORDERS OF FACIAL NERVE	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER DYSPHAGIA	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Ancillary	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Physical Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	2		0		0

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INJECTION,ONABOTULINUMTOXINA	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	Facility	Approved	7		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	Family Medicine	Approved	8		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	Physical Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	OTHER NEUROMUSCULAR DYSFUNCTION OF BLADDER	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER SEQUELAE OF CEREBRAL INFARCTION	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Surgery, General	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED FORMS OF TREMOR	Neurology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED POSTPROCEDURAL STATES	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER TICS OF ORGANIC ORIGIN	Facility	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Facility	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Family Medicine	Approved	8		0		0
INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Urology	Approved	9		0		0
INJECTION,ONABOTULINUMTOXINA	PAIN IN LEFT FOOT	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	PERST MIGRAINE AURA W/O CEREBRAL INFRC, NTRCT, W STAT MIGR	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PHONOLOGICAL DISORDER	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Ancillary	Approved	9		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, FACE	Dermatology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Dermatology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Dermatology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Dermatology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Pediatrics	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Ancillary	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Dermatology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Family Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PSORIASIS VULGARIS	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	QUADRIPLEGIA, UNSPECIFIED	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	RADICULOPATHY, CERVICAL REGION	Family Medicine	Approved	1		0		0

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INJECTION,ONABOTULINUMTOXINA	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	RETT'S SYNDROME	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	RIGHT UPPER QUADRANT PAIN	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SEPSIS, UNSPECIFIED ORGANISM	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Ancillary	Approved	10		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Family Medicine	Approved	10		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Neurology	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Pain Management	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Pain Management	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Pediatrics	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Physical Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Psychiatry	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Family Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Facility	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	SPONDYLOLISTHESIS, CERVICAL REGION	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	STRESS INCONTINENCE (FEMALE) (MALE)	Family Medicine	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	Family Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	TORTICOLLIS	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	TORTICOLLIS	Family Medicine	Approved	7		0		0
INJECTION,ONABOTULINUMTOXINA	TOURETTE'S DISORDER	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	TOXIC ENCEPHALOPATHY	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	TREMOR, UNSPECIFIED	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	TRIGEMINAL NEURALGIA	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	Surgery, Neurological	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Family Medicine	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	UNSPECIFIED URINARY INCONTINENCE	Family Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Internal Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Urology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	URGENCY OF URINATION	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	URGENCY OF URINATION	Urology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Ancillary	Approved	1		0		0

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INJECTION,ONABOTULINUMTOXINA	WEAKNESS	Family Medicine	Approved	3		0		0
IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Multi-Specialty Group		0		0	Denied	1
INLYTA 1 MG TABLET	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Hematology	Approved	1		0		0
INLYTA 5 MG TABLET	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Hematology	Approved	2		0		0
INLYTA 5 MG TABLET	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Hematology	Approved	1		0		0
INLYTA 5 MG TABLET	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	Hematology	Approved	1		0		0
INNER EAR SURGERY PROCEDURE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
inpat	UNSPECIFIED ABDOMINAL PAIN	Dermatology		0		0	Denied	1
INPATIENT STAY	FEVER, UNSPECIFIED	Endocrinology And Metabolism		0		0	Approved	1
INPT	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	Allergy/Immunology		0		0	Denied	1
INPT	ACUTE BRONCHIOLITIS, UNSPECIFIED	Allergy/Immunology		0		0	Denied	1
inpt	CELLULITIS OF LEFT UPPER LIMB	Dermatology		0		0	Denied	1
INPT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	Dermatology		0		0	Denied	1
INPT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Dermatology		0		0	Approved	1
INPT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Vascular & Interventional Radiology		0		0	Approved	1
INS CATH ABD/L-EXT ART 1ST	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
INS CATH ABD/L-EXT ART 2ND	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
INS CATH ABD/L-EXT ART 3RD	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
INS CATH ABD/L-EXT ART ADDL	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
INS ENDOVAS VENA CAVA FILTR	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	Facility	Approved	1		0		0
INS MARK ABD/PEL FOR RT PERQ	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
INS MARK ABD/PEL FOR RT PERQ	SOLITARY PULMONARY NODULE	Family Medicine	Approved	1		0		0
INS TUN IP CATH FOR DIAL OPN	ACIDOSIS	Facility	Approved	1		0		0
INS TUN IP CATH FOR DIAL OPN	CARDIAC ARREST, CAUSE UNSPECIFIED	Facility	Approved	1		0		0
INS TUN IP CATH FOR DIAL OPN	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
INS TUN IP CATH FOR DIAL OPN	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Facility	Approved	1		0		0
INS VAG BRACHYTX DEVICE	MALIGNANT NEOPLASM OF VAGINA	Facility	Approved	1		0		0
INS/REP SUBQ DEFIBRILLATOR	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
INS/REP SUBQ DEFIBRILLATOR	DILATED CARDIOMYOPATHY	Facility	Approved	1		0		0
INS/REP SUBQ DEFIBRILLATOR	OTHER CARDIOMYOPATHIES	Facility	Approved	2		0		0
INSERT ANT DRAINAGE DEVICE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ancillary	Approved	1		0		0
INSERT ANT DRAINAGE DEVICE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ancillary	Approved	1		0		0
INSERT ANT SEGMENT DRAIN INT	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Denied	1	Services are not medically necessary	1		0
INSERT ANT SEGMENT DRAIN INT	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Approved	6		0		0
INSERT ANT SEGMENT DRAIN INT	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Denied	2	Services are not medically necessary	2		0
INSERT ANT SEGMENT DRAIN INT	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Facility	Approved	2		0		0
INSERT ANT SEGMENT DRAIN INT	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Facility	Approved	2		0		0
INSERT ANT SEGMENT DRAIN INT	OCULAR HYPERTENSION, LEFT EYE	Ancillary	Approved	1		0		0
INSERT ANT SEGMENT DRAIN INT	OTHER AGE-RELATED CATARACT	Ancillary	Denied	1	Services are not medically necessary	1		0
INSERT ANT SEGMENT DRAIN INT	PERIPHERAL PTERYGIUM, PROGRESSIVE, BILATERAL	Ancillary	Approved	2		0		0

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INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ancillary	Approved	6		0		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ancillary	Denied	2	Services are not medically necessary	2		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Facility	Approved	1		0		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, MODERATE STAGE	Ancillary	Denied	2	Services are not medically necessary	2		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MILD STAGE	Facility	Approved	1		0		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ancillary	Denied	2	Services are not medically necessary	2		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Facility	Approved	2		0		0
INSERT ANT SEGMENT DRAIN INT	STRESS FRACTURE, RIGHT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	Facility	Approved	2		0		0
INSERT EYE SOCKET IMPLANT	DEFORMITY OF RIGHT ORBIT DUE TO BONE DISEASE	Facility	Approved	1		0		0
INSERT EYE SOCKET IMPLANT; EXPLORE/BIOPSY EYE SOCKET; REVISE/GRAFT EYELID LINING; ADJACENT TISS TR	H05.111 - Granuloma of right orbit; H05.321 - Deformity of right orbit due to bone disease; H11.241 - Scarring of conjunctiva, right eye; L90.5 - Scar conditions and fibrosis of skin	Ophthalmology	Approved	1		0		0
INSERT INTRACORPOREAL DEVICE	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
INSERT INTRACORPOREAL DEVICE	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
INSERT INTRACORPOREAL DEVICE	HEART FAILURE, UNSPECIFIED	Facility	Approved	3		0		0
INSERT INTRACORPOREAL DEVICE	PRESENCE OF HEART ASSIST DEVICE	Facility	Approved	1		0		0
INSERT INTRACORPOREAL DEVICE	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	2		0		0
INSERT INTRAUTERINE DEVICE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
INSERT INTRAUTERINE DEVICE	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE	Ancillary	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	CYSTOCELE, MIDLINE	Facility	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	EXPOSURE OF IMPLANTED VAGINAL MESH INTO VAGINA, INIT	Facility	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	INCOMPLETE UTEROVAGINAL PROLAPSE	Facility	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	RECTOCELE	Facility	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	STRESS INCONTINENCE (FEMALE) (MALE)	Facility	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	STRESS INCONTINENCE (FEMALE) (MALE)	HOSPITAL	Approved	1		0		0
INSERT MULTI-COMP PENIS PROS	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	1		0		0
INSERT MULTI-COMP PENIS PROS	COMB ARTRL INSUFF & CORPORO-VEINUS OCCLUSV ERECTILE DYSFNCT	Facility	Denied	1	Services are not medically necessary	1		0
INSERT MULTI-COMP PENIS PROS	CORPORO-VEINUS OCCLUSIVE ERECTILE DYSFUNCTION	Facility	Approved	1		0		0
INSERT MULTI-COMP PENIS PROS	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Facility	Approved	1		0		0
INSERT MULTI-COMP PENIS PROS	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	Facility	Approved	2		0		0
INSERT MULTI-COMP PENIS PROS	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Facility	Approved	1		0		0
INSERT MULTI-COMP PENIS PROS	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INSERT MULTI-COMP PENIS PROS	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	Facility	Approved	1		0		0
INSERT PACING LEAD & CONNECT	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
INSERT PACING LEAD & CONNECT	OTHER CARDIOMYOPATHIES	Facility	Denied	1	Services are not medically necessary	1		0
INSERT PELV FIXATION DEVICE	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	2		0		0

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INSERT PELV FIXATION DEVICE	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT PELV FIXATION DEVICE	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
INSERT PELV FIXATION DEVICE	PAIN IN THORACIC SPINE	Facility	Approved	1		0		0
INSERT PELV FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INSERT PELV FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
INSERT PLEURAL CATH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
INSERT SELF-CONTD PROSTHESIS	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	ADULT OSTEOCHONDROSIS OF SPINE, THORACIC REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	ARTHRODESIS STATUS	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	ARTHRODESIS STATUS	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	ARTHRODESIS STATUS	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	ARTHRODESIS STATUS	Surgery, Orthopedic	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	4		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER W RADICULOPATHY, MID-CERVICAL REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Ancillary	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	CERVICALGIA	Facility	Approved	9		0		0
INSERT SPINE FIXATION DEVICE	CERVICALGIA	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	5		0		0
INSERT SPINE FIXATION DEVICE	CONGENITAL SPONDYLOLISTHESIS	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	4		0		0
INSERT SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
INSERT SPINE FIXATION DEVICE	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	DYSPHAGIA, ORAL PHASE	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Approved	1		0		0

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INSERT SPINE FIXATION DEVICE	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	LEFT UPPER QUADRANT PAIN	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	Facility	Denied	3	Services are not medically necessary	3		0
INSERT SPINE FIXATION DEVICE	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	7		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Denied	3	Services are not medically necessary	3		0
INSERT SPINE FIXATION DEVICE	OTHER DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, SEQUELA	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Denied	4	Services are not medically necessary	4		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0

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INSERT SPINE FIXATION DEVICE	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	12		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	8		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	General Practice	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS, CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	PAIN IN THORACIC SPINE	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	PAIN IN THORACIC SPINE	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	3	Services are not medically necessary	3		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Approved	24		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Other	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Approved	6		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	Other	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SCIATICA, LEFT SIDE	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	SPINAL INSTABILITIES, CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPINAL INSTABILITIES, LUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPINAL INSTABILITIES, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	22		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	6	Services are not medically necessary	6		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	5		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	10	Services are not medically necessary	10		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Internal Medicine	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, Neurological	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	5		0		0

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INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	3	Services are not medically necessary	3		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	General Practice	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Surgery, Orthopedic	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, CERVICOTHORACIC REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	12		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	4		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLYSIS, CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	8		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	UNSPECIFIED NYSTAGMUS	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	WEAKNESS	Facility	Approved	1		0		0
INSERT SPINE INFUSION DEVICE	CHRONIC PAIN SYNDROME	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Family Medicine	Approved	1		0		0
INSERT TUNNELED CV CATH	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	DIARRHEA, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	DIFFUSE LARGE B-CELL LYMPHOMA, NODES OF HEAD, FACE, AND NECK	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pediatric Surgery	Approved	1		0		0
INSERT TUNNELED CV CATH	HEART FAILURE, UNSPECIFIED	Facility	Approved	2		0		0
INSERT TUNNELED CV CATH	HYPH-O-SMOLALITY AND HYPONATREMIA	Facility	Approved	1		0		0

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INSERT TUNNELED CV CATH	HYPOTENSION, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
INSERT TUNNELED CV CATH	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
INSERT TUNNELED CV CATH	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF BODY OF STOMACH	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	Other	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF RIGHT OVARY	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
INSERT TUNNELED CV CATH	MASTITIS WITHOUT ABSCESS	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	OTHER DISORDERS OF LUNG	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	SHORTNESS OF BREATH	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	3		0		0
INSERT TUNNELED CV CATH	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	WEAKNESS	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH; US GUIDE, VASCULAR ACCESS; FLUOROSCOPIC GUID CENTRAL VENOUS ACC	C50.812 - Malignant neoplasm of overlapping sites of left female breast; Z17.1 - Estrogen receptor negative status (ER-)	Hematology/Oncology	Approved	1		0		0
INSERT TUNNELED CV CATH; US GUIDE, VASCULAR ACCESS; FLUOROSCOPIC GUID CENTRAL VENOUS ACC	C50.912 - Malignant neoplasm of unspecified site of left female breast	Hematology/Oncology	Approved	1		0		0
INSERT VAD ARTERY ACCESS	HEART FAILURE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
INSERT/PLACE HEART CATHETER	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	1		0		0

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INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION		Obstetrics/Gynecology		0		0	Approved	1
INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Age-related nuclear cataract, right eye	Dermatology		0		0	Denied	1
INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Gastroenterology		0		0	Approved	1
INSERTION OF CATHETER VEIN	ACUTE RESPIRATORY DISTRESS	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	MALIGNANT NEOPLASM OF VAGINA	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES MULT SITE	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	SECONDARY MALIGNANT NEOPLASM OF R KIDNEY AND RENAL PELVIS	Facility	Approved	1		0		0
INSERTION OF CATHETER VEIN	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
INSERTION OF INFUSION PUMP	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Other	Approved	1		0		0
INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTER	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Psychiatry		0		0	Approved	1
INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Internal Medicine		0		0	Denied	1
INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	FULL INCONTINENCE OF FECES	Pain Management		0		0	Approved	1
INSJ AQUEOUS DRAIN DEV 1ST	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF UNSP LOW EXTRM	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	ARTHRODESIS STATUS	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0

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INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	CERVICALGIA	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	3		0		0
INSJ BIOMECHANICAL DEVICE	CONGENITAL SPONDYLOLISTHESIS	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	LEFT UPPER QUADRANT PAIN	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	LOW BACK PAIN	Ancillary	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	OTHER DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, SEQUELA	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	5		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Denied	3	Services are not medically necessary	3		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS, CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	3	Services are not medically necessary	3		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Approved	6		0		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Approved	3		0		0
INSJ BIOMECHANICAL DEVICE	SPINAL INSTABILITIES, CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	14		0		0

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INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, Neurological	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	3		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	5		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSJ IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INSJ PICC 5 YR+ W/O IMAGING	MYCOBACTERIAL INFECTION, UNSPECIFIED	Facility	Approved	2		0		0
INSJ PICC RS&I 5 YR+	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Facility	Approved	1		0		0
INSJ STABLJ DEV W/O DCMPRN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	1	Services are not medically necessary	1		0
INSJ SUBQ CAR RHYTHM MNTR	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	2		0		0
INSJ SUBQ CAR RHYTHM MNTR	OTHER PERSISTENT ATRIAL FIBRILLATION	Cardiac Electrophysiology	Approved	1		0		0
INSJ SUBQ CAR RHYTHM MNTR	PAROXYSMAL ATRIAL FIBRILLATION	Cardiovascular Disease	Approved	1		0		0
INSJ SUBQ CAR RHYTHM MNTR	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	1		0		0
INSJ SUBQ CAR RHYTHM MNTR	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
INSJ SUBQ CAR RHYTHM MNTR	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
INSJ SUBQ CAR RHYTHM MNTR	TACHYCARDIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
INSJ SUBQ CAR RHYTHM MNTR	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	ACUTE CYSTITIS WITHOUT HEMATURIA	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	HOSPITAL	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	3		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Cardiovascular Disease	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	5		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	HOSPITAL	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	DILATED CARDIOMYOPATHY	Ancillary	Approved	2		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	DILATED CARDIOMYOPATHY	Facility	Approved	2		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	DISCORDANT VENTRICULOARTERIAL CONNECTION	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	HEART FAILURE, UNSPECIFIED	Facility	Approved	3		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	ISCHEMIC CARDIOMYOPATHY	Facility	Approved	2		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	ISCHEMIC CARDIOMYOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
INSJ/RPLCMT DEFIB W/LEAD(S)	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER CARDIOMYOPATHIES	Facility	Approved	4		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER CARDIOMYOPATHIES	Facility	Denied	2	Services are not medically necessary	2		0
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER FORMS OF DYSPNEA	Facility	Approved	2		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER RESTRICTIVE CARDIOMYOPATHY	Ancillary	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	SUPRAVENTRICULAR TACHYCARDIA	Ancillary	Approved	1		0		0

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INSJ/RPLCMT DEFIB W/LEAD(S)	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	TYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	VENTRICULAR FIBRILLATION	Facility	Approved	1		0		0
INSRT HEART PM ATRIAL & VENT	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
INSRT HEART PM ATRIAL & VENT	SICK SINUS SYNDROME	Facility	Approved	1		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	1		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	3		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Facility	Approved	1		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	OTHER DYSTONIA	Facility	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	FECAL URGENCY	Ancillary	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	FEELING OF INCOMPLETE BLADDER EMPTYING	Ancillary	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	FREQUENCY OF MICTURITION	Facility	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	FULL INCONTINENCE OF FECES	Ancillary	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	FULL INCONTINENCE OF FECES	Facility	Approved	3		0		0
INSRT/REDO PN/GASTR STIMUL	MIXED INCONTINENCE	Facility	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM	Ancillary	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	OVERACTIVE BLADDER	Facility	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	RETENTION OF URINE, UNSPECIFIED	Facility	Approved	2		0		0
INSRT/REDO PN/GASTR STIMUL	URGE INCONTINENCE	Facility	Approved	2		0		0
INSRT/REDO PN/GASTR STIMUL	URGE INCONTINENCE	Facility	Denied	1	Services are not medically necessary	1		0
INSRT/REDO PN/GASTR STIMUL	URGENCY OF URINATION	Facility	Denied	1	Services are not medically necessary	1		0
INSRT/REDO SPINE N GENERATOR	CAUSALGIA OF LEFT LOWER LIMB	ANESTHESIOLOGY	Approved	2		0		0
INSRT/REDO SPINE N GENERATOR	CAUSALGIA OF LEFT LOWER LIMB	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CAUSALGIA OF RIGHT LOWER LIMB	ANESTHESIOLOGY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	7		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	Facility	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	HOSPITAL	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	5		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	ORTHOPEDIC SURGERY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	13		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	SURGERY-NEUROLOGY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	SURGERY-ORTHOPEDIC	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	PAIN MANAGEMENT	Approved	2		0		0
INSRT/REDO SPINE N GENERATOR	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	ANESTHESIOLOGY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	ANESTHESIOLOGY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	COMPLEX REGIONAL PAIN SYNDROME I UNS LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	Facility	Approved	1		0		0

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INSRT/REDO SPINE N GENERATOR	COMPLEX RGN PAIN SYNDROME I LOWER LIMB BILATERAL	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	ENCOUNTER ADJUSTMENT & MANAGEMENT NEUROPACEMAKER	PAIN MANAGEMENT	Approved	2		0		0
INSRT/REDO SPINE N GENERATOR	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF NEUROSTIMULATOR	HOSPITAL	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	MECH COMPL OF IMPLNT ELEC NSTIM OF SPINAL CORD LEAD, INIT	HOSPITAL	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	PAIN IN RIGHT LEG	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	POSTLAMINECTOMY SYNDROME NEC	SURGERY-NEUROLOGY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	UNSPECIFIED ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
INSTALL SPINAL SHUNT	BENIGN NEOPLASM OF SPINAL CORD	Other	Approved	1		0		0
INSULIN FOR INSULIN PUMP USE	HEADACHE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INTEGRATED FILTER & HOLDER	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Approved	1		0		0
INTEGRATED FILTER & HOLDER	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	2	Services are not medically necessary	2		0
INTEGRATED FILTER & HOLDER	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
INTELENCE 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	2		0		0
INTELENCE 200 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	2		0		0
INTENS CARDIAC REHAB NO EXER	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	Facility	Approved	1		0		0
INTENS CARDIAC REHAB NO EXER	PRESENCE OF AORTOCORONARY BYPASS GRAFT	Facility	Approved	1		0		0
INTENS CARDIAC REHAB W/EXERC	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	Facility	Approved	1		0		0
INTENS CARDIAC REHAB W/EXERC	PRESENCE OF AORTOCORONARY BYPASS GRAFT	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Ancillary	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Facility	Approved	3		0		0
INTENSIVE OUTPATIENT PSYCHIA	ANOREXIA NERVOSA, RESTRICTING TYPE	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	ANOREXIA NERVOSA, RESTRICTING TYPE	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	ANXIETY DISORDER, UNSPECIFIED	Facility	Approved	4		0		0
INTENSIVE OUTPATIENT PSYCHIA	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BINGE EATING DISORDER	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Facility	Approved	10		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, IN PARTIAL REMIS, MOST RECENT EPISODE MANIC	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR II DISORDER	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR II DISORDER	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	BULIMIA NERVOSA	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	DISRUPTIVE MOOD DYSREGULATION DISORDER	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	DISRUPTIVE MOOD DYSREGULATION DISORDER	Facility	Approved	7		0		0
INTENSIVE OUTPATIENT PSYCHIA	GENERALIZED ANXIETY DISORDER	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	GENERALIZED ANXIETY DISORDER	Facility	Approved	2		0		0

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INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSP	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Facility	Approved	7		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Facility	Approved	3		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Facility	Approved	3		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Ancillary	Approved	11		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Facility	Approved	58		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Multi-Specialty Group	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Neurology	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	OPPOSITIONAL DEFIANT DISORDER	Ancillary	Approved	7		0		0
INTENSIVE OUTPATIENT PSYCHIA	OTHER SPECIFIED EATING DISORDER	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Ancillary	Approved	4		0		0
INTENSIVE OUTPATIENT PSYCHIA	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Social Work	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE	Facility	Approved	1		0		0
INTERCALARY ALGRFT COMPL	UNSPECIFIED OPEN WOUND OF LEFT HAND, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INTERDENTAL FIXATION	JAW PAIN	Facility	Denied	1	Services are not medically necessary	1		0
INTERDENTAL FIXATION	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Dentistry	Approved	1		0		0
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Radiology, Diagnostic	Denied	1	Services are not medically necessary	1		0
INTEREST ESCORT IN NON ER	BURKITT LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	2		0		0
INTEREST ESCORT IN NON ER	CYSTIC DISEASE OF LIVER	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	ENCNTR FOR EXAM FOR NRML CMPRSN AND CTRL IN CLNCL RSRCH PROG	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0

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INTEREST ESCORT IN NON ER	END STAGE RENAL DISEASE	Facility	Approved	3		0		0
INTEREST ESCORT IN NON ER	EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	FEVER, UNSPECIFIED	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	Facility	Approved	1		0		0
INTERVENE HLTH/BEHAVE INDIV	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
INTRACARDIAC ECG (ICE)	ATRIAL SEPTAL DEFECT	Facility	Approved	4		0		0
INTRACARDIAC ECG (ICE)	ATYPICAL ATRIAL FLUTTER	Facility	Approved	2		0		0
INTRACARDIAC ECG (ICE)	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
INTRACARDIAC ECG (ICE)	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	PALPITATIONS	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	19		0		0
INTRACARDIAC ECG (ICE)	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
INTRACARDIAC ECG (ICE)	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	8		0		0
INTRACARDIAC ECG (ICE)	PERSISTENT ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
INTRACARDIAC ECG (ICE)	PRE-EXCITATION SYNDROME	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	PRE-EXCITATION SYNDROME	Pediatric Cardiology	Approved	1		0		0
INTRACARDIAC ECG (ICE)	SUICIDAL IDEATIONS	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	10		0		0
INTRACARDIAC ECG (ICE)	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
INTRACARDIAC ECG (ICE)	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	4		0		0
INTRACARDIAC ECG (ICE)	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	4		0		0
INTRACARDIAC ECG (ICE)	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUDING IMAGING SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	PERSISTENT ATRIAL FIBRILLATION	Surgery, Orthopedic		0		0	Denied	1
INTRACRANIAL COMPLETE STUDY	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Facility	Approved	1		0		0
INTRACRANIAL COMPLETE STUDY	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
INTRACRANIAL COMPLETE STUDY	SICKLE-CELL DISEASE WITHOUT CRISIS	Facility	Approved	1		0		0
INTRACRANIAL STUDY; TCD, EMBOLI DETECT W/O INJ	Q27.30 - Arteriovenous malformation, site unspecified	Vascular Surgery	Approved	1		0		0
INTRACRANIAL VESSEL SURGERY	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	Facility	Approved	1		0		0
INTRACRANIAL VESSEL SURGERY	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Surgery, Neurological	Approved	1		0		0
INTRACRANIAL VESSEL SURGERY	OTHER MALFORMATIONS OF CEREBRAL VESSELS	Facility	Approved	1		0		0
INTRAOSSEOUS DES LUMB/SACRUM	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
INTRAOSSEOUS DES LUMB/SACRUM	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INTRO CATH DIALYSIS CIRCUIT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	Facility	Approved	3		0		0
INTRO CATH DIALYSIS CIRCUIT	COMPLETE TRAUMATIC AMPUTATION OF R LOW LEG, LEVEL UNSP, INIT	Facility	Approved	1		0		0
INTRO CATH DIALYSIS CIRCUIT	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Facility	Approved	1		0		0
INTRO CATH DIALYSIS CIRCUIT	END STAGE RENAL DISEASE	Facility	Approved	8		0		0
INTRO CATH DIALYSIS CIRCUIT	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	2		0		0
INTRO CATH DIALYSIS CIRCUIT	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
INTRO CATH DIALYSIS CIRCUIT	LOW BACK PAIN	Facility	Approved	1		0		0
INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), WITH DIAG ANGIOGRAPHY	N18.6 - End stage renal disease	Internal Medicine Nephrology	Approved	1		0		0

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INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), WITH DIAG ANGIOGRAPHY; INTRO NEEDLE &OR CATER ARTERI	N18.6 - End stage renal disease	Internal Medicine Nephrology	Approved	1		0		0
INTRVASC US NONCORONARY 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
INVEGA ER 1.5 MG TABLET	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Psychiatry	Approved	1		0		0
INVEGA SUSTENNA 234 MG/1.5 ML	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Psychiatry	Approved	1		0		0
INVELTYS 1% EYE DROP	GLAUCOMA SEC TO OTH EYE DISORD, R EYE, INDETERMINATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	General Practice	Denied	1	Services are not medically necessary	1		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Nurse Practitioner Primary Care	Approved	1		0		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
INVOKAMET 50-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
INVOKAMET 50-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	3	Services are not medically necessary	3		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	General Practice	Denied	1	Services are not medically necessary	1		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKAMET XR 50-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	METABOLIC SYNDROME	Internal Medicine	Approved	1		0		0
INVOKANA 100 MG TABLET	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	PREDIABETES	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Family Medicine	Approved	1		0		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Physician	Approved	1		0		0

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INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	6	Services are not medically necessary	6		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
INVOKANA 300 MG TABLET	DIABETES MELLITUS DUE TO UNDERLYING CONDITION	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	OTHER ABNORMAL GLUCOSE	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	OTHER ABNORMAL GLUCOSE	Internal Medicine	Approved	1		0		0
INVOKANA 300 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY	Internal Medicine	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Endocrinology And Metabolism	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	2		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	6	Services are not medically necessary	6		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	4	Services are not medically necessary	4		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Approved	2		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Physician	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	9	Services are not medically necessary	9		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Nurse Practitioner Primary Care	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	6	Services are not medically necessary	6		0
IO MAP OF SENT LYMPH NODE	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	MALIGNANT NEOPLASM OF THYROID GLAND	Physical Medicine	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	2		0		0

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IONM IN OPERATNG ROOM 15 MIN	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Physical Medicine	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	NONTOXIC GOITER, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
IONM IN OPERATNG ROOM 15 MIN	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
IONM IN OPERATNG ROOM 15 MIN	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
IONM REMOTE/>1 PT OR PER HR	AUTOIMMUNE THYROIDITIS	Physical Medicine	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	MALIGNANT NEOPLASM OF THYROID GLAND	Physical Medicine	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Physical Medicine	Approved	2		0		0
IONM REMOTE/>1 PT OR PER HR	NONTOXIC GOITER, UNSPECIFIED	Physical Medicine	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	NONTOXIC SINGLE THYROID NODULE	Physical Medicine	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Physical Medicine	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
IONM REMOTE/>1 PT OR PER HR	SPINAL STENOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	3		0		0
IONM REMOTE/>1 PT OR PER HR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
IP	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Nephrology		0		0	Approved	1
ip stay	RIGHT LOWER QUADRANT PAIN	Allergy/Immunology		0		0	Denied	1
IPILIMUMAB INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Oncology	Approved	1		0		0
IPILIMUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	1		0		0
IRINOTECAN INJECTION	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
IRINOTECAN INJECTION	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Family Medicine	Approved	3		0		0
IRINOTECAN INJECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ISENTRESS 400 MG TABLET		Infectious Disease	Approved	1		0		0
ISENTRESS 400 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	3		0		0
ISENTRESS 400 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Approved	1		0		0

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ISENTRESS HD 600 MG TABLET	ADULT SEXUAL ABUSE, CONFIRMED, INITIAL ENCOUNTER	Physician Assistant	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	BENIGN NEOPLASM OF PITUITARY GLAND	Facility	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	CONGENITAL CHORDEE	Ancillary	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	CURVATURE OF PENIS (LATERAL)	Ancillary	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	HYPOSPADIAS, BALANIC	Ancillary	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	HYPOSPADIAS, PERINEAL	Ancillary	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	HYPOSPADIAS, PERINEAL	Facility	Approved	1		0		0
IVERMECTIN 1% CREAM	OTHER ROSACEA	Dermatology	Approved	2		0		0
IVERMECTIN 1% CREAM	ROSACEA, UNSPECIFIED	Dermatology	Approved	1		0		0
IVIG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Sleep Medicine		0		0	Denied	1
IVIG NON-LYOPHILIZED, NOS	ANTIPHOSPHOLIPID SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
IVIG NON-LYOPHILIZED, NOS	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
IVIG NON-LYOPHILIZED, NOS	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Counseling	Approved	1		0		0
IVIG NON-LYOPHILIZED, NOS	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	2		0		0
IVIG NON-LYOPHILIZED, NOS	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Ancillary	Approved	3		0		0
IVIG NON-LYOPHILIZED, NOS	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Ancillary	Approved	2		0		0
IVIG NON-LYOPHILIZED, NOS	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
IVIG NON-LYOPHILIZED, NOS	POLYMYOSITIS WITH MYOPATHY	Neurology	Approved	1		0		0
IVIG NON-LYOPHILIZED, NOS	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Ancillary	Approved	1		0		0
IXABEPILONE INJECTION	ACUTE RESPIRATORY DISTRESS	Family Medicine	Approved	1		0		0
JADENU 180 MG TABLET	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	Hematology	Approved	1		0		0
JADENU 180 MG TABLET	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	Pediatric Hematology/Oncology	Approved	1		0		0
JADENU 180 MG TABLET	OTHER DISORDERS OF IRON METABOLISM	Pediatric Hematology/Oncology	Approved	1		0		0
JADENU 360 MG TABLET		Pediatric Hematology/Oncology	Approved	1		0		0
JAK2 GENE	BOAT ACC INJ NEC-UNPOWER	Ancillary	Denied	1	Services are not medically necessary	1		0
JAK2 GENE	DISORDER OF IRON METABOLISM, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
JAK2 GENE	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	1		0		0
JAK2 GENE	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	Ancillary	Denied	1	Services are not medically necessary	1		0
JAK2 GENE	HEREDITARY HEMOCHROMATOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
JAK2 GENE	SECONDARY POLYCYTHEMIA	Ancillary	Approved	1		0		0
JAKAFI 10 MG TABLET	ACUTE GRAFT-VERSUS-HOST DISEASE	Nurse Practitioner	Approved	1		0		0
JAKAFI 10 MG TABLET	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Oncology	Approved	1		0		0
JAKAFI 10 MG TABLET	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	Oncology	Approved	3		0		0
JAKAFI 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Denied	1	Services are not medically necessary	1		0
JAKAFI 15 MG TABLET	SECONDARY POLYCYTHEMIA	Oncology	Approved	1		0		0
JAKAFI 20 MG TABLET	MYELOFIBROSIS	Hematology	Approved	1		0		0
JAKAFI 20 MG TABLET	MYELOFIBROSIS	Oncology	Approved	1		0		0
JAKAFI 5 MG TABLET	ACUTE GRAFT-VERSUS-HOST DISEASE	Hematology	Approved	1		0		0
JAKAFI 5 MG TABLET	GRAFT-VERSUS-HOST DISEASE	Oncology	Approved	1		0		0
JAKAFI 5 MG TABLET	MYELOFIBROSIS	Hematology	Approved	1		0		0
JANUMET XR 50-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
JANUVIA 25 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0

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JANUVIA 50 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
JANUVIA 50 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
JAW ARTHROSCOPY/SURGERY	ARTICULAR DISC DISORDER OF RIGHT TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0
JAW ARTHROSCOPY/SURGERY	MALIGNANT NEOPLASM OF SOFT PALATE	Surgery, Oral And Maxillofacial	Approved	1		0		0
JENTADUETO 2.5 MG-1000 MG TAB	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
JENTADUETO 2.5 MG-1000 MG TAB	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
JENTADUETO 2.5 MG-1000 MG TAB	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
JENTADUETO 2.5 MG-1000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	3	Services are not medically necessary	3		0
JENTADUETO 2.5 MG-1000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
JENTADUETO 2.5 MG-500 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
JENTADUETO XR 5 MG-1,000 MG TB	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
JORNAY PM 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	2	Services are not medically necessary	2		0
JORNAY PM 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
JORNAY PM 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
JORNAY PM 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
JORNAY PM 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
JORNAY PM 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
JORNAY PM 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
JORNAY PM 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
JORNAY PM 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
JORNAY PM 40 MG CAPSULE	IRRITABILITY AND ANGER	Pediatrics	Denied	1	Services are not medically necessary	1		0
JORNAY PM 60 MG CAPSULE		Pediatrics	Denied	1	Services are not medically necessary	1		0
JORNAY PM 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
JORNAY PM 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
JORNAY PM 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
JORNAY PM 60 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatrics	Denied	1	Services are not medically necessary	1		0
JUBLIA	TINEA UNGUIUM	Psychiatry		0		0	Approved	1
JUBLIA 10% TOPICAL SOLUTION	CANDIDIASIS OF SKIN AND NAIL	Family Medicine	Approved	1		0		0
JUBLIA 10% TOPICAL SOLUTION	CELLULITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
JUBLIA 10% TOPICAL SOLUTION	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Internal Medicine	Approved	1		0		0
JUBLIA 10% TOPICAL SOLUTION	INGROWING NAIL	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
JUBLIA 10% TOPICAL SOLUTION	TINEA MANUUM	Dermatology	Denied	1	Services are not medically necessary	1		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Dermatology	Denied	7	Services are not medically necessary	7		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Dermatopathology	Denied	1	Services are not medically necessary	1		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Family Medicine	Approved	1		0		0

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JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Family Medicine	Denied	1	Services are not medically necessary	1		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Internal Medicine	Denied	3	Services are not medically necessary	3		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Physician	Denied	2	Services are not medically necessary	2		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Physician Assistant	Denied	3	Services are not medically necessary	3		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Podiatry	Approved	1		0		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Podiatry	Denied	2	Services are not medically necessary	2		0
JULUCA 50-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	4		0		0
JYNARQUE 45 MG-15 MG TABLET	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Nephrology	Approved	1		0		0
JYNARQUE 45 MG-15 MG TABLET	POLYCYSTIC KIDNEY, ADULT TYPE	Nephrology	Approved	5		0		0
K FLOW/FUNCT IMAGE W/O DRUG	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	Ancillary	Approved	1		0		0
KAFO PLAS DOUB FREE KNEE MOL	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
KALETRA 200-50 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	3		0		0
KALYDECO 150 MG TABLET	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0
KALYDECO 75 MG GRANULES PACKET	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
KAZANO 12.5-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
KELNOR 1-50 TABLET	IRREGULAR MENSTRUATION, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
KEPPRA 1,000 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
KEPPRA 1,000 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Psychiatry	Approved	1		0		0
KEPPRA 100 MG/ML ORAL SOLN	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
KEPPRA 100 MG/ML ORAL SOLN	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	2		0		0
KEPPRA 100 MG/ML ORAL SOLN	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
KEPPRA 500 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
KEPPRA 750 MG TABLET		Neurology	Approved	1		0		0
KEPPRA XR 500 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
KEPPRA XR 500 MG TABLET	LOCAL-REL SYMPTC EPI W CMLX PART SEIZ, NTRCT, W/O STAT EPI	Neurology	Approved	2		0		0
KEPPRA XR 500 MG TABLET	LOCAL-REL SYMPTC EPI W CMLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
KERCIS OMEGA3, PER SQ CM	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM	Facility	Denied	1	Services are not medically necessary	1		0
KERCIS OMEGA3, PER SQUARE CENTIMETER	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity	Allergy/Immunology		0		0	Denied	1
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	Dermatology	Approved	2		0		0
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	Dermatology	Denied	4	Services are not medically necessary	4		0
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	Podiatry	Denied	2	Services are not medically necessary	2		0
KETOCONAZOLE 2% CREAM	DERMATITIS, UNSPECIFIED	Podiatry	Denied	1	Services are not medically necessary	1		0
KETOCONAZOLE 2% CREAM	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
KETOROLAC 10 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
KETOROLAC 10 MG TABLET	DYSMENORRHEA, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
KETOROLAC 10 MG TABLET	DYSMENORRHEA, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
KETOROLAC 10 MG TABLET	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
KETOROLAC 60 MG/2 ML CARPUJECT	SECONDARY MALIGNANT NEOPLASM OF BONE	Neurology	Denied	1	Services are not medically necessary	1		0

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KEVZARA 200 MG/1.14 ML PEN INJ	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Rheumatology	Denied	1	Services are not medically necessary	1		0
KEVZARA 200 MG/1.14 ML PEN INJ	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
KEVZARA 200 MG/1.14 ML PEN INJ	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
KEVZARA 200 MG/1.14 ML PEN INJ	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
KEVZARA 200 MG/1.14 ML PEN INJ	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Approved	1		0		0
KEVZARA 200 MG/1.14 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
KEVZARA 200 MG/1.14 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
KIDNEY IMAGING (3D)	CARDIAC MURMUR, UNSPECIFIED	Facility	Approved	1		0		0
KINERET 100 MG/0.67 ML SYRINGE	ADULT-ONSET STILL'S DISEASE	Rheumatology	Denied	1	Services are not medically necessary	1		0
KINERET 100 MG/0.67 ML SYRINGE	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	Physician	Approved	1		0		0
KINERET 100 MG/0.67 ML SYRINGE	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSP SITE	Pediatric Rheumatology	Approved	1		0		0
KINERET 100 MG/0.67 ML SYRINGE	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSP SITE	Rheumatology	Approved	1		0		0
KINERET 100 MG/0.67 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
KINERET 100 MG/0.67 ML SYRINGE	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS	Pediatrics	Approved	1		0		0
KISQALI 400 MG DAILY DOSE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Oncology	Denied	1	Services are not medically necessary	1		0
KISQALI 600 MG DAILY DOSE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Denied	1	Services are not medically necessary	1		0
KISQALI 600 MG DAILY DOSE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
KIT GENE TARGETED SEQ ANALYS	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
KNEE ARTHROSCOPY DX	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
KNEE ARTHROSCOPY DX	PAIN IN RIGHT KNEE	Facility	Approved	1		0		0
KNEE ARTHROSCOPY, DX; REMOVAL OF SUPPORT IMPLANT, DEEP	M25.561 - Pain in right knee	Orthopedic Surgery	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	BUCKET-HNDL TEAR OF LAT MENS, CURRENT INJURY, L KNEE, INIT	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	BUCKET-HNDL TEAR OF LAT MENS, CURRENT INJURY, L KNEE, SUBS	Facility	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	CHONDROMALACIA PATELLAE, LEFT KNEE	Facility	Approved	3		0		0
KNEE ARTHROSCOPY/SURGERY	CHRONIC INSTABILITY OF KNEE, RIGHT KNEE	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	COMPLEX TEAR OF LAT MENS, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, L KNEE, INIT	Facility	Approved	3		0		0
KNEE ARTHROSCOPY/SURGERY	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, R KNEE, INIT	Facility	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	DISCOID MENISCUS	Facility	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	IDIOPATHIC ASEPTIC NECROSIS OF BONE, MULTIPLE SITES	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	LOOSE BODY IN KNEE, RIGHT KNEE	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	LOOSE BODY IN KNEE, RIGHT KNEE	Facility	Approved	1		0		0

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KNEE ARTHROSCOPY/SURGERY	OTH COMP OF INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Facility	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF LAT MENS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF LAT MENS, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SEQUELA	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS	Ancillary	Approved	4		0		0
KNEE ARTHROSCOPY/SURGERY	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	Facility	Approved	3		0		0
KNEE ARTHROSCOPY/SURGERY	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	4		0		0
KNEE ARTHROSCOPY/SURGERY	PAIN IN LEFT KNEE	Facility	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	4		0		0
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	6		0		0
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Facility	Approved	4		0		0
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	3		0		0
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Facility	Approved	2		0		0
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
KNEE ARTHROSCOPY/SURGERY	UNSPECIFIED INJURY OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	Facility	Approved	3		0		0
KNEE CONTROL FULL KNEECAP	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	FLAIL JOINT, RIGHT KNEE	Physician		0		0	Denied	1
KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	OTHER SPECIFIED POSTPROCEDURAL STATES	Emergency Medicine		0		0	Denied	1
KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Other spontaneous disruption of anterior cruciate ligament of left knee	Neurology		0		0	Denied	1
KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INITIAL ENCOUNTER	Pediatrics		0		0	Denied	1

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KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INITIAL ENCOUNTER	Neurology		0		0	Denied	1
KNEE-SHIN SYS HYDRAUL STANCE	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
KNEE-SHIN SYS STANCE FLEXION	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Approved	1		0		0
KNEE-SHIN SYS STANCE FLEXION	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
KNEE-SHIN SYS STANCE FLEXION	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
KO ADJ JNT POS R SUP PRE CST	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	3		0		0
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	4		0		0
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	2		0		0
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	2		0		0
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	3		0		0
KO ADJ JNT POS R SUP PRE CST	UNSP TEAR OF UNSP MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE CST	UNSPECIFIED INJURY OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	BUCKET-HNDL TEAR OF LAT MENSCL, CURRENT INJURY, L KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	CHRONIC INSTABILITY OF KNEE, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INIT ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	2		0		0
KO ADJ JNT POS R SUP PRE OTS	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Ancillary	Approved	2		0		0

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KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	2		0		0
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	2		0		0
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	UNSP FRACTURE OF RIGHT PATELLA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	UNSP FRACTURE OF UPPER END OF LEFT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
KO ADJ JNT POS R SUP PRE OTS	UNSPECIFIED DISLOCATION OF LEFT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO DEROT ANT CRUCIATE CUSTOM	DISP FX OF LEFT TIBIAL SPINE, SUBS FOR CLOS FX W DELAY HEAL	Facility	Approved	1		0		0
KO DOUBLE UPRIGHT PRE CST	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PRE CST	OTHER INSTABILITY, RIGHT KNEE	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PRE CST	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	3		0		0
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	2		0		0
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	3		0		0
KO DOUBLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	3		0		0
KO DOUBLE UPRIGHT PREFAB OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PREFAB OTS	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PREFAB OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
KO DOUBLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	4		0		0
KO ELAS W/ CONDYLE PADS & JO	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	ANTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	4		0		0
KO ELAS W/ CONDYLE PADS & JO	BUCKET-HNDL TEAR OF LAT MENSCL, CURRENT INJURY, R KNEE, INIT	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	CHRONIC INSTABILITY OF KNEE, LEFT KNEE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	DISLOCATION OF TARSOMETATARSAL JOINT OF RIGHT FOOT, SEQUELA	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	ENCOUNTER FOR FITTING AND ADJUSTMENT OF GASTRIC LAP BAND	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	2		0		0

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KO ELAS W/ CONDYLE PADS & JO	ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	FREQUENCY OF MICTURITION	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	3		0		0
KO ELAS W/ CONDYLE PADS & JO	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	HYPERTENSIVE URGENCY	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED CARPUS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, LEFT LEG	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	MUSCLE SPASM OF BACK	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	MYALGIA, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	NONDISP LONGITUD FX L PATELLA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	NONRHEUMATIC PULMONARY VALVE STENOSIS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	7		0		0
KO ELAS W/ CONDYLE PADS & JO	OSTEONECROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INIT	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTH TEAR OF LAT MENS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTH TEAR OF LAT MENS, CURRENT INJURY, LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTHER ENTHESEPATHIES, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTHER FORMS OF DYSPNEA	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTHER INSTABILITY, LEFT KNEE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	PAIN IN LEFT KNEE	Ancillary	Approved	16		0		0
KO ELAS W/ CONDYLE PADS & JO	PAIN IN LEFT WRIST	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	PAIN IN RIGHT KNEE	Ancillary	Approved	14		0		0
KO ELAS W/ CONDYLE PADS & JO	PATELLOFEMORAL DISORDERS, LEFT KNEE	Ancillary	Approved	6		0		0
KO ELAS W/ CONDYLE PADS & JO	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Ancillary	Approved	4		0		0
KO ELAS W/ CONDYLE PADS & JO	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	4		0		0
KO ELAS W/ CONDYLE PADS & JO	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	RECURRENT DISLOCATION OF PATELLA, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	SNORING	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	3		0		0
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNR	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBS	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	22		0		0
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	48		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED DISLOCATION OF LEFT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INJURY OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	Ancillary	Approved	1		0		0
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED SUBLUXATION OF RIGHT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	BUNION OF RIGHT FOOT	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	CHONDROMALACIA PATELLAE, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	EFFUSION, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	NONDISP TRANSVERSE FX L PATELLA, 7THD	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	OTHER INSTABILITY, LEFT KNEE	Ancillary	Approved	2		0		0
KO ELASTIC W/JOINTS PRE OTS	OTHER PHYSEAL FRACTURE OF LEFT METATARSAL, 7THG	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	PAIN IN LEFT KNEE	Ancillary	Approved	4		0		0
KO ELASTIC W/JOINTS PRE OTS	PAIN IN RIGHT KNEE	Ancillary	Approved	4		0		0
KO ELASTIC W/JOINTS PRE OTS	PAIN IN UNSPECIFIED KNEE	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	PATELLAR TENDINITIS, LEFT KNEE	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	PATELLOFEMORAL DISORDERS, LEFT KNEE	Ancillary	Approved	4		0		0
KO ELASTIC W/JOINTS PRE OTS	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Ancillary	Approved	3		0		0
KO ELASTIC W/JOINTS PRE OTS	PHIMOSIS	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	RECURRENT DISLOCATION OF PATELLA, LEFT KNEE	Ancillary	Approved	1		0		0

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KO ELASTIC W/JOINTS PRE OTS	RECURRENT DISLOCATION OF PATELLA, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	SPRAIN OF LATERAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	2		0		0
KO ELASTIC W/JOINTS PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	2		0		0
KO ELASTIC W/JOINTS PRE OTS	SPRAIN OF OTHER SPECIFIED PARTS OF LEFT KNEE, INIT ENCNR	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNR	Ancillary	Approved	3		0		0
KO ELASTIC W/JOINTS PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	3		0		0
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED DISLOCATION OF LEFT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED SUBLUXATION OF RIGHT PATELLA, SUBS ENCNR	Ancillary	Approved	1		0		0
KO ELASTIC WITH JOINTS	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED CARPUS	Ancillary	Approved	1		0		0
KO ELASTIC WITH JOINTS	OTHER INSTABILITY, RIGHT KNEE	Ancillary	Approved	2		0		0
KO ELASTIC WITH JOINTS	PATELLOFEMORAL DISORDERS, LEFT KNEE	Ancillary	Approved	1		0		0
KO ELASTIC WITH JOINTS	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Ancillary	Approved	1		0		0
KO ELASTIC WITH JOINTS	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
KO ELASTIC WITH JOINTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO ELASTIC WITH JOINTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	CONTUSION OF RIGHT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	EFFUSION, RIGHT KNEE	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	NONDISP LONGITUD FX L PATELLA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	NONDISP TRANSVERSE FX L PATELLA, 7THD	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
KO IMMOB CANVAS LONG PRE OTS	OSTEONECROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	PAIN IN RIGHT KNEE	Ancillary	Approved	2		0		0
KO IMMOB CANVAS LONG PRE OTS	PATELLAR TENDINITIS, LEFT KNEE	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	1		0		0

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KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED DISLOCATION OF LEFT PATELLA, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	Ancillary	Approved	1		0		0
KO SINGLE UPRIGHT PRE CST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
KO SINGLE UPRIGHT PRE CST	IDIOPATHIC ASEPTIC NECROSIS OF BONE, MULTIPLE SITES	Ancillary	Approved	1		0		0
KO SINGLE UPRIGHT PRE CST	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
KO SINGLE UPRIGHT PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
KO SINGLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO SINGLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	5		0		0
KO SINGLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	7		0		0
KO SINGLE UPRIGHT PREFAB OTS	ANTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
KO SINGLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	2		0		0
KO SINGLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	COMPLEX TEAR OF LAT MENS, CURRENT INJURY, RIGHT KNEE, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	FRACTURE OF UNSP PART OF UNSP CLAVICLE, INIT FOR CLOS FX	Family Medicine	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	OTH COMP OF INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	OTH TEAR OF LAT MENS, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	OTHER SPECIFIED POSTPROCEDURAL STATES	Sports Medicine	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	2		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	2		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF UNSP KNEE, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Denied	1	Services are not medically necessary	1		0

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KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF POSTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	2		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physical Medicine	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNSPECIFIED INJURY OF UNSPECIFIED LOWER LEG, INIT ENCNR	Ancillary	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS	Ancillary	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, LEFT KNEE	Ancillary	Approved	1		0		0
KO W/ADJ JT ROT CNTRL MOLDED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	2		0		0
KO W/ADJ JT ROT CNTRL MOLDED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Approved	2		0		0
KO W/ADJ JT ROT CNTRL MOLDED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Approved	1		0		0
KO W/ADJ JT ROT CNTRL MOLDED	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Ancillary	Approved	1		0		0
KO W/ADJ JT ROT CNTRL MOLDED	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
KO W/ADJ JT ROT CNTRL MOLDED	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
KOMBIGLYZE XR 2.5-1,000 MG TAB	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
KOMBIGLYZE XR 2.5-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Approved	1		0		0
KOMBIGLYZE XR 2.5-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
KOMBIGLYZE XR 2.5-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
KOMBIGLYZE XR 2.5-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
KOMBIGLYZE XR 2.5-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
KOMBIGLYZE XR 2.5-1,000 MG TAB	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Internal Medicine	Approved	1		0		0
KOMBIGLYZE XR 5-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
KORLYM 300 MG TABLET	CUSHING'S SYNDROME, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
KORLYM 300 MG TABLET	CUSHING'S SYNDROME, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
KRAS GENE ADDL VARIANTS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
KRAS GENE ADDL VARIANTS	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
KRAS GENE VARIANTS EXON 2	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
KRAS GENE VARIANTS EXON 2	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
KRYSTEXXA 8 MG/ML VIAL	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	Rheumatology	Denied	1	Services are not medically necessary	1		0
KRYSTEXXA 8 MG/ML VIAL	IDIOPATHIC GOUT, RIGHT KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
KUVAN 100 MG POWDER PACKET	CLASSICAL PHENYLKETONURIA	Genetics	Approved	5		0		0
KUVAN 100 MG POWDER PACKET	OTHER HYPERPHENYLALANINEMIAS	Genetics	Approved	2		0		0
KUVAN 100 MG TABLET	CLASSICAL PHENYLKETONURIA	Pediatric Nurse Practitioner	Approved	1		0		0
KUVAN 500 MG POWDER PACKET	CLASSICAL PHENYLKETONURIA	Genetics	Approved	3		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Other	Approved	2		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	4		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	3		0		0

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L COLECTOMY/COLOPROCTOSTOMY	ENDOMETRIOSIS OF INTESTINE	Facility	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	ENDOMETRIOSIS, UNSPECIFIED	Facility	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	FISTULA OF VAGINA TO LARGE INTESTINE	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	2		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Facility	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	3		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	3		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	2		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF SIGMOID COLON	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTH DIGESTIVE ORGANS	Facility	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Other	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	3		0		0
L HRT ARTERY/VENTRICLE ANGIO	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
L HRT ARTERY/VENTRICLE ANGIO	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	HYPERLIPIDEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	OTHER CHEST PAIN	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	OTHER FORMS OF DYSPNEA	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	OTHER ILL-DEFINED HEART DISEASES	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	OTHER MICROSCOPIC HEMATURIA	Ancillary	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	PRECARDIAL PAIN	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	SHORTNESS OF BREATH	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	Facility	Approved	1		0		0
L HRT ARTERY/VENTRICLE ANGIO	UNSTABLE ANGINA	Facility	Approved	1		0		0
L HRT CATH TRNSPPL PUNCTURE	PRE-EXCITATION SYNDROME	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	HOSPITAL	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	BRADYCARDIA, UNSPECIFIED	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	CARDIOMYOPATHY, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
L VENTRIC PACING LEAD ADD-ON	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	CHRONIC ATRIAL FIBRILLATION	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	3		0		0
L VENTRIC PACING LEAD ADD-ON	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	HOSPITAL	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	DILATED CARDIOMYOPATHY	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	ISCHEMIC CARDIOMYOPATHY	Facility	Approved	1		0		0

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L VENTRIC PACING LEAD ADD-ON	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	Facility	Approved	2		0		0
L VENTRIC PACING LEAD ADD-ON	OTHER CARDIOMYOPATHIES	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	SUPRAVENTRICULAR TACHYCARDIA	Ancillary	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	VENTRICULAR FIBRILLATION	Facility	Approved	1		0		0
LACER MOLDED TO PATIENT MODE	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
LAMICTAL 100 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
LAMICTAL 100 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
LAMICTAL 100 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
LAMICTAL 100 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
LAMICTAL 100 MG TABLET	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Psychiatry	Approved	1		0		0
LAMICTAL 150 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	General Practice	Approved	1		0		0
LAMICTAL 150 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
LAMICTAL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
LAMICTAL 200 MG TABLET	BIPOLAR DISORD, IN PARTIAL REMIS, MOST RECENT EPISODE MANIC	Psychiatry	Approved	1		0		0
LAMICTAL TAB START KIT (GREEN)	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
LAMICTAL XR 100 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
LAMICTAL XR 200 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
LAMICTAL XR 200 MG TABLET	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W STAT EPI	Neurology	Approved	1		0		0
LAMINOTOMY ADDL LUMBAR	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Ancillary	Denied	1	Services are not medically necessary	1		0
LAMINOTOMY SINGLE LUMBAR	ARTHRODESIS STATUS	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	ARTHRODESIS STATUS	Surgery, Orthopedic	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	DISCITIS, UNSPECIFIED, LUMBAR REGION	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
LAMINOTOMY SINGLE LUMBAR	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	LOW BACK PAIN	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	MUSCLE SPASM OF BACK	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	4		0		0
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Family Medicine	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
LAMINOTOMY SINGLE LUMBAR	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
LAMINOTOMY SINGLE LUMBAR	PAIN IN THORACIC SPINE	Facility	Denied	1	Services are not medically necessary	1		0
LAMINOTOMY SINGLE LUMBAR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LAMINOTOMY SINGLE LUMBAR	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0

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LAMINOTOMY SINGLE LUMBAR	RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LAMINOTOMY SINGLE LUMBAR	SCIATICA, UNSPECIFIED SIDE	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	2		0		0
LAMINOTOMY SINGLE LUMBAR	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Ancillary	Denied	1	Services are not medically necessary	1		0
LAMINOTOMY SINGLE LUMBAR	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
LAMIVUDINE 300 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	2		0		0
LAMIVUDINE HBV 100 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Gastroenterology	Approved	1		0		0
LAMIVUDINE-ZIDOVUDINE TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	2		0		0
LAMOTRIGINE 100 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Internal Medicine	Approved	1		0		0
LANCETS PER BOX	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
LANREOTIDE INJECTION	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
LANREOTIDE INJECTION	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	Hematology	Approved	1		0		0
LANREOTIDE INJECTION	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Hematology	Approved	2		0		0
LANREOTIDE INJECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Family Medicine	Approved	1		0		0
LANREOTIDE INJECTION	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
LANREOTIDE INJECTION	OTHER BENIGN NEUROENDOCRINE TUMORS	Family Medicine	Approved	1		0		0
LANREOTIDE INJECTION	OTHER BENIGN NEUROENDOCRINE TUMORS	Hematology	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	CONSTIPATION, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE DR 30 MG CAPSULE	DUODENAL ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	Pediatrics	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	3	Services are not medically necessary	3		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	7		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	4	Services are not medically necessary	4		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pediatric Gastroenterology	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE DR 30 MG CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE DR 30 MG CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Pediatrics	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Surgery, General	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	OTHER SPECIFIED NONINFECTIVE GASTROENTERITIS AND COLITIS	Internal Medicine	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	PAIN IN THROAT	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0

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LANSOPRAZOLE DR 30 MG CAPSULE	UNSPECIFIED ABDOMINAL PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE ODT 30 MG TABLET	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE ODT 30 MG TABLET	EOSINOPHILIC ESOPHAGITIS	Pediatric Gastroenterology	Approved	1		0		0
LANSOPRAZOLE ODT 30 MG TABLET	ULCER OF ESOPHAGUS WITH BLEEDING	Gastroenterology	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	3	Services are not medically necessary	3		0
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Approved	2		0		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	3	Services are not medically necessary	3		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Emergency Medicine		0		0	Denied	1
LANTUS SOLOSTAR 100 UNIT/ML		Family Medicine	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML		Physician	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	OTHER GENERAL SYMPTOMS AND SIGNS	Nephrology	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIAB W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA (NKHHC)	Internal Medicine	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIAB W MILD NONPRLF DIABETIC RTNOP W MACULAR EDEMA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Family Medicine	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0

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LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	General Practice	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	8	Services are not medically necessary	8		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	8	Services are not medically necessary	8		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner Primary Care	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	3	Services are not medically necessary	3		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	3	Services are not medically necessary	3		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	3		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	11	Services are not medically necessary	11		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	4	Services are not medically necessary	4		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES W OTH DIABETIC OPHTHALMIC COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES W UNSP DIABETIC RTNOP W/O MACULAR EDEMA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LAP CLOSE ENTEROSTOMY	ENCOUNTER FOR ATTENTION TO COLOSTOMY	Other	Approved	1		0		0
LAP CLOSE ENTEROSTOMY	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	Facility	Approved	1		0		0
LAP CLOSE ENTEROSTOMY	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	Other	Approved	1		0		0
LAP CLOSE ENTEROSTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
LAP CLOSE ENTEROSTOMY	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	BENIGN CARCINOID TUMOR OF THE APPENDIX	Facility	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	BENIGN NEOPLASM OF ASCENDING COLON	Facility	Approved	2		0		0
LAP COLECTOMY PART W/ILEUM	BENIGN NEOPLASM OF ASCENDING COLON	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	MALIGNANT NEOPLASM OF ASCENDING COLON	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	MALIGNANT NEOPLASM OF CECUM	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	Facility	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	Facility	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Facility	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	OTHER SPECIFIED DISEASES OF APPENDIX	Facility	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	PERFORATION OF INTESTINE (NONTRAUMATIC)	Facility	Approved	1		0		0

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LAP COLECTOMY W/PROCTECTOMY	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
LAP COLECTOMY W/PROCTECTOMY	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Other	Approved	2		0		0
LAP COLOSTOMY	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Other	Approved	1		0		0
LAP COLOSTOMY	MALIGNANT NEOPLASM OF VAGINA	Facility	Approved	1		0		0
LAP COLOSTOMY	URETHRAL FISTULA	Facility	Approved	1		0		0
LAP ENTERECTOMY	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Other	Approved	1		0		0
LAP ENTERECTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
LAP ENTERECTOMY	DVTRCLI OF SM INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
LAP ENTERECTOMY	INTUSSUSCEPTION	Other	Approved	1		0		0
LAP ENTERECTOMY	MALIGNANT CARCINOID TUMOR OF THE SM INT, UNSP PORTION	Facility	Approved	1		0		0
LAP ENTERECTOMY	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
LAP ESOPH LENGTHENING	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Other	Approved	2		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	BREAKDOWN (MECHANICAL) OF GI PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Denied	1	Services are not medically necessary	1		0
LAP GASTRIC BYPASS/ROUX-EN-Y	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; E78.5 - Hyperlipidemia, unspecified; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; I10 - Essential (primary) hypertension	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; G47.33 - Obstructive sleep apnea (adult) (pediatric); I10 - Essential (primary) hypertension; K21.9 - Gastro-esophageal reflux disease without esophagitis	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	ESOPHAGITIS, UNSPECIFIED	Facility	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	3		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	5		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Other	Denied	1	Services are not medically necessary	1		0
LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	34		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Denied	1	Services are not medically necessary	1		0
LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Approved	5		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Denied	1	Services are not medically necessary	1		0
LAP GASTRIC BYPASS/ROUX-EN-Y	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	OTHER DISEASES OF STOMACH AND DUODENUM	Facility	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0

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LAP GASTRIC BYPASS/ROUX-EN-Y; ANCILLARY ANESTHESIOLOGIST	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; G47.30 - Sleep apnea, unspecified; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension;	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y; ANCILLARY ANESTHESIOLOGIST	E66.01 - Morbid (severe) obesity due to excess calories; E78.5 - Hyperlipidemia, unspecified; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension; I51.9 - Heart disease, unspecified; K95.09 - Other complications of gastric band pr	General Surgery	Denied	1	Services are not medically necessary	1		0
LAP GASTRIC BYPASS/ROUX-EN-Y; ANCILLARY ANESTHESIOLOGIST; INITIAL HOSPITAL CARE	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; I10 - Essential (primary) hypertension	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y; ANCILLARY ANESTHESIOLOGIST; INITIAL HOSPITAL CARE	E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; I10 - Essential (primary) hypertension; K21.9 - Gastro-esophageal reflux disease without esophagitis	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y; INITIAL HOSPITAL CARE	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; I10 - Essential (primary) hypertension; K75.81 - Nonalcoholic steatohepatitis (NASH)	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y; INITIAL HOSPITAL CARE	E66.01 - Morbid (severe) obesity due to excess calories	Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y; INITIAL HOSPITAL CARE	E66.01 - Morbid (severe) obesity due to excess calories; E78.5 - Hyperlipidemia, unspecified; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension; K21.9 - Gastro-esophageal reflux disease without esophagitis	General Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y; INITIAL HOSPITAL CARE	E66.9 - Obesity; I10 - Hypertension	Surgery-Vascular Surgery	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y; UPPR GI ENDOSCOPY, DIAGNOSIS; INITIAL HOSPITAL CARE	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; E78.5 - Hyperlipidemia, unspecified; I10 - Essential (primary) hypertension	Surgery	Approved	1		0		0
LAP INC HERNIA REPAIR	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	2		0		0
LAP ING HERNIA REPAIR INIT	HYPERMOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
LAP ING HERNIA REPAIR INIT	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
LAP ING HERNIA REPAIR INIT	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Facility	Approved	6		0		0
LAP ING HERNIA REPAIR INIT	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
LAP INSERT TUNNEL IP CATH	END STAGE RENAL DISEASE	Facility	Approved	5		0		0
LAP JEJUNOSTOMY	COUGH	Facility	Approved	1		0		0
LAP MOBIL SPLENIC FL ADD-ON	BENIGN NEOPLASM OF DESCENDING COLON	Facility	Approved	1		0		0
LAP MOBIL SPLENIC FL ADD-ON	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
LAP PARAESOPHAG HERN REPAIR	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
LAP PARAESOPHAG HERN REPAIR	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Denied	1	Services are not medically necessary	1		0
LAP PARAESOPHAG HERN REPAIR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Approved	1		0		0

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LAP PARAESOPHAG HERN REPAIR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
LAP PARAESOPHAG HERN REPAIR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Denied	1	Services are not medically necessary	1		0
LAP PARAESOPHAG HERN REPAIR	HYPERSOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
LAP PARAESOPHAG HERN REPAIR	OTHER CHEST PAIN	Facility	Approved	1		0		0
LAP PARAESOPHAG HERN REPAIR	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LAP RADICAL HYST	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Other	Approved	1		0		0
LAP RADICAL HYST	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	Other	Approved	1		0		0
LAP RADICAL HYST	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
LAP RADICAL HYST	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	Facility	Approved	1		0		0
LAP REMOV ADJ GAST BAND/PORT; LAP GASTRIC BYPASS/ROUX-EN-Y	E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; G47.30 - Sleep apnea, unspecified; K21.9 - Gastro-esophageal reflux disease without esophagitis; K95.09 - Other complications of gastric band procedure; T85.598A - O	General Surgery	Approved	1		0		0
LAP REMOV ADJ GAST BAND/PORT; LAP GASTRIC BYPASS/ROUX-EN-Y; ANCILLARY ANESTHESIOLOGIST; INITIAL HO	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; E78.5 - Hyperlipidemia, unspecified; I10 - Essential (primary) hypertension; K21.9 - Gastro-esophageal reflux disease without esophagitis	General Surgery	Approved	1		0		0
LAP REMOV ADJ GAST BAND/PORT; LAP GASTRIC BYPASS/ROUX-EN-Y; UPPER GI ENDOSCOPY, BIOPSY; OBS/IP HOS	E11.9 - Type 2 diabetes mellitus without complications; K21.9 - Gastro-esophageal reflux disease without esophagitis; R10.9 - Unspecified abdominal pain; R32 - Unspecified urinary incontinence	Surgery	Approved	1		0		0
LAP REMOVAL OF RECTUM	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	2		0		0
LAP REMOVAL OF RECTUM	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	2		0		0
LAP REMOVE RECTUM W/POUCH	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	Other	Approved	1		0		0
LAP REPLACE GASTR ADJ DEVICE	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Approved	1		0		0
LAP REVISE GASTR ADJ DEVICE	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Approved	1		0		0
LAP REVISION PERM IP CATH	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	ADULT HYPERTROPHIC PYLORIC STENOSIS	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	BARIATRIC SURGERY STATUS	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	BREAKDOWN (MECHANICAL) OF GI PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	DYSPHAGIA, OROPHARYNGEAL PHASE	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	FOREIGN BODY IN STOMACH, INITIAL ENCOUNTER	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Approved	2		0		0
LAP RMVL GASTR ADJ ALL PARTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Denied	1	Services are not medically necessary	1		0
LAP RMVL GASTR ADJ ALL PARTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	7		0		0
LAP RMVL GASTR ADJ ALL PARTS	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	HOURLASS STRICTURE AND STENOSIS OF STOMACH	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Facility	Approved	1		0		0

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LAP RMVL GASTR ADJ ALL PARTS	MECH COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT	Facility	Approved	2		0		0
LAP RMVL GASTR ADJ ALL PARTS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	4		0		0
LAP RMVL GASTR ADJ ALL PARTS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	NAUSEA WITH VOMITING, UNSPECIFIED	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	NAUSEA WITH VOMITING, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LAP RMVL GASTR ADJ ALL PARTS	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Ancillary	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Approved	8		0		0
LAP RMVL GASTR ADJ ALL PARTS	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Denied	1	Services are not medically necessary	1		0
LAP RMVL GASTR ADJ ALL PARTS	SACROCOCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ DEVICE	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ DEVICE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Facility	Denied	1	Services are not medically necessary	1		0
LAP SLEEVE GASTRECTOMY	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Facility	Denied	1	Services are not medically necessary	1		0
LAP SLEEVE GASTRECTOMY	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	3		0		0
LAP SLEEVE GASTRECTOMY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Other	Denied	1	Services are not medically necessary	1		0
LAP SLEEVE GASTRECTOMY	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	MECH COMPL OF PERMANENT SUTURES, INITIAL ENCOUNTER	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	129		0		0
LAP SLEEVE GASTRECTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Denied	2	Services are not medically necessary	2		0
LAP SLEEVE GASTRECTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Approved	13		0		0
LAP SLEEVE GASTRECTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, General	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	NAUSEA WITH VOMITING, UNSPECIFIED	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	OBESITY, UNSPECIFIED	Other	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	2		0		0
LAP SLEEVE GASTRECTOMY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Other	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Denied	1	Services are not medically necessary	1		0
LAP SLEEVE GASTRECTOMY	OTHER OBESITY	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	OTHER SECONDARY HYPERTENSION	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Denied	1	Services are not medically necessary	1		0
LAP SLEEVE GASTRECTOMY	UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
LAP VENT/ABD HERNIA REPAIR	HYDROCELE, UNSPECIFIED	Facility	Approved	1		0		0
LAP VENT/ABD HERNIA REPAIR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
LAPARO ABLATE LIVER TUMOR RF	MALIGNANT NEOPLASM OF BILIARY TRACT, UNSPECIFIED	Facility	Approved	1		0		0

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LAPARO ABLATE LIVER TUMOR RF	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Facility	Approved	2		0		0
LAPARO ABLATE RENAL CYST	CYST OF KIDNEY, ACQUIRED	Other	Denied	1	Services are not medically necessary	1		0
LAPARO CHOLECYSTECTOMY/EXPLR	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	1		0		0
LAPARO CHOLECYSTECTOMY/GRAPH	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	Facility	Approved	1		0		0
LAPARO CHOLECYSTECTOMY/GRAPH	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	HOSPITAL	Approved	1		0		0
LAPARO CHOLECYSTECTOMY/GRAPH	CHRONIC CHOLECYSTITIS	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	BENIGN NEOPLASM OF DESCENDING COLON	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	CHRONIC ANAL FISSURE	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	DISEASE OF INTESTINE, UNSPECIFIED	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	DVRTCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	DVRTCLOS OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	2		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF INTEST, PART UNSP, W PERF AND ABSCESS W/O BLEED	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	3		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Other	Approved	3		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	3		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	4		0		0
LAPARO PARTIAL COLECTOMY	LOCALIZED ENLARGED LYMPH NODES	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF ASCENDING COLON	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF DESCENDING COLON	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF DESCENDING COLON	Other	Approved	2		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	4		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTH DIGESTIVE ORGANS	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	OTHER BENIGN NEUROENDOCRINE TUMORS	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	OTHER PARTIAL INTESTINAL OBSTRUCTION	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	POLYP OF COLON	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	RECTAL POLYP	Other	Approved	1		0		0
LAPARO PARTIAL NEPHRECTOMY	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	Other	Approved	1		0		0
LAPARO PARTIAL NEPHRECTOMY	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Other	Approved	1		0		0
LAPARO PARTIAL NEPHRECTOMY	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
LAPARO PARTIAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	Other	Approved	3		0		0
LAPARO PARTIAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTH DIGESTIVE ORGANS	Facility	Approved	1		0		0
LAPARO PARTIAL NEPHRECTOMY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF UNSPECIFIED KIDNEY	Facility	Approved	2		0		0
LAPARO PARTIAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	7		0		0

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LAPARO PARTIAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Other	Approved	6		0		0
LAPARO PROC ABDM/PER/OMENT	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Facility	Approved	1		0		0
LAPARO PROC ABDM/PER/OMENT	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Other	Approved	1		0		0
LAPARO PROC ABDM/PER/OMENT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, General	Denied	1	Services are not medically necessary	1		0
LAPARO PROC ABDM/PER/OMENT	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Facility	Denied	1	Services are not medically necessary	1		0
LAPARO PROC ABDM/PER/OMENT	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Facility	Denied	1	Services are not medically necessary	1		0
LAPARO PROC HERNIA REPAIR	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Approved	1		0		0
LAPARO PROC HERNIA REPAIR	UNILATERAL INGUINAL HERNIA, W/O OBST OR GANGRENE, RECURRENT	Facility	Approved	1		0		0
LAPARO RADICAL NEPHRECTOMY	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	Facility	Approved	1		0		0
LAPARO RADICAL NEPHRECTOMY	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	Facility	Approved	1		0		0
LAPARO RADICAL NEPHRECTOMY	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Other	Approved	2		0		0
LAPARO RADICAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	Other	Approved	1		0		0
LAPARO RADICAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	4		0		0
LAPARO RADICAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Family Medicine	Approved	1		0		0
LAPARO RADICAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Other	Approved	1		0		0
LAPARO RADICAL PROSTATECTOMY	CELLULITIS, UNSPECIFIED	Facility	Approved	1		0		0
LAPARO RADICAL PROSTATECTOMY	EPIGASTRIC PAIN	Facility	Approved	1		0		0
LAPARO RADICAL PROSTATECTOMY	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	45		0		0
LAPARO RADICAL PROSTATECTOMY	MALIGNANT NEOPLASM OF PROSTATE	Other	Approved	15		0		0
LAPARO RADICAL PROSTATECTOMY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
LAPARO RADICAL PROSTATECTOMY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
LAPARO RADICAL PROSTATECTOMY	RETENTION OF URINE, UNSPECIFIED	Other	Approved	1		0		0
LAPARO REMOVE W/URETER	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	1		0		0
LAPARO TOTAL PROCTOCOLECTOMY	FAMILY HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
LAPARO TOTAL PROCTOCOLECTOMY	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	1		0		0
LAPARO TOTAL PROCTOCOLECTOMY	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
LAPARO TOTAL PROCTOCOLECTOMY	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
LAPARO URETHRAL SUSPENSION	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Facility	Approved	1		0		0
LAPARO-ASST VAG HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	1		0		0
LAPAROSCOPE PROC SPLEEN	CYST OF SPLEEN	Facility	Approved	1		0		0
LAPAROSCOPE PROC SPLEEN	CYST OF SPLEEN	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPE PROC STOM	ACUTE DILATATION OF STOMACH	Facility	Approved	1		0		0
LAPAROSCOPE PROC STOM	ADULT HYPERTROPHIC PYLORIC STENOSIS	Facility	Approved	1		0		0
LAPAROSCOPE PROC STOM	ESOPHAGITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPE PROC STOM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Approved	1		0		0
LAPAROSCOPE PROC STOM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	2		0		0
LAPAROSCOPE PROC STOM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Denied	2	Services are not medically necessary	2		0
LAPAROSCOPE PROC STOM	MECH COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPE PROC STOM	MECH COMPL OF INTERNAL PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0

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LAPAROSCOPE PROC STOM	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	2		0		0
LAPAROSCOPE PROC STOM	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Denied	3	Services are not medically necessary	3		0
LAPAROSCOPE PROC STOM	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Approved	2		0		0
LAPAROSCOPE PROC STOM	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH	Facility	Approved	1		0		0
LAPAROSCOPE PROC STOM	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPE PROC STOM	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPE PROC STOM	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Facility	Approved	1		0		0
LAPAROSCOPE PROC URETER	CELLULITIS OF LEFT LOWER LIMB	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPE PROCEDURE LIVER	INTRAHEPATIC BILE DUCT CARCINOMA	Facility	Approved	1		0		0
LAPAROSCOPE PROCEDURE LIVER	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPE PROCEDURE LIVER	OTHER SPECIFIED DISEASES OF LIVER	Other	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	ACUTE CHOLECYSTITIS	Facility	Approved	3		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Ancillary	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF BILE DUCT W ACUTE CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF BILE DUCT W CHOLECYSTITIS, UNSP, W OBSTRUCTION	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Ancillary	Approved	3		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Facility	Approved	3		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	Facility	Approved	10		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Ancillary	Approved	3		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	23		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CHOLECYSTITIS, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CHOLESTEROLOSIS OF GALLBLADDER	Facility	Approved	2		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CHRONIC CHOLECYSTITIS	Ancillary	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CHRONIC CHOLECYSTITIS	Facility	Approved	18		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	2		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	EPIGASTRIC PAIN	Facility	Approved	2		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	LOWER ABDOMINAL PAIN, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	NONINFLAMMATORY DISORDER OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION	Ancillary	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	OTHER SPECIFIED DISEASES OF GALLBLADDER	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0

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LAPAROSCOPIC CHOLECYSTECTOMY	POSTMENOPAUSAL BLEEDING	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	3		0		0
LAPAROSCOPIC MYOMECTOMY	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
LAPAROSCOPIC MYOMECTOMY	PELVIC AND PERINEAL PAIN	Facility	Approved	1		0		0
LAPAROSCOPIC MYOMECTOMY	SUBSEROSAL LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
LAPAROSCOPIC NEPHRECTOMY	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
LAPAROSCOPIC NEPHRECTOMY	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Other	Approved	1		0		0
LAPAROSCOPIC NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	3		0		0
LAPAROSCOPIC NEPHRECTOMY	POLYCYSTIC KIDNEY, ADULT TYPE	Other	Approved	1		0		0
LAPAROSCOPIC PROC	RECTAL PROLAPSE	Facility	Approved	1		0		0
LAPAROSCOPY ADRENALECTOMY	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
LAPAROSCOPY ADRENALECTOMY	DISORDER OF ADRENAL GLAND, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPY ADRENALECTOMY	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	Other	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPY ADRENALECTOMY	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPY APPENDECTOMY	ACUTE APPENDICITIS WITH GEN PERITONITIS, WITH ABSCESS	Facility	Approved	1		0		0
LAPAROSCOPY APPENDECTOMY	BENIGN NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
LAPAROSCOPY APPENDECTOMY	BENIGN NEOPLASM OF LEFT OVARY	Facility	Approved	1		0		0
LAPAROSCOPY APPENDECTOMY	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPY APPENDECTOMY	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	1		0		0
LAPAROSCOPY APPENDECTOMY	UNSPECIFIED APPENDICITIS	Facility	Approved	1		0		0
LAPAROSCOPY BIOPSY	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
LAPAROSCOPY EXCISE LESIONS	BENIGN NEOPLASM OF RIGHT OVARY	Facility	Approved	1		0		0
LAPAROSCOPY EXCISE LESIONS	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Facility	Approved	1		0		0
LAPAROSCOPY EXCISE LESIONS	ENDOMETRIOSIS, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPY EXCISE LESIONS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	1		0		0
LAPAROSCOPY EXCISE LESIONS	NONINFLAMMATORY DISORD OF OVARY, FALLOP & BROAD LIGMT, UNSP	Facility	Approved	1		0		0
LAPAROSCOPY EXCISE LESIONS	PELVIC AND PERINEAL PAIN	Facility	Approved	2		0		0
LAPAROSCOPY EXCISE LESIONS	PRIMARY DYSMENORRHEA	Facility	Approved	1		0		0
LAPAROSCOPY EXCISE LESIONS	UNSPECIFIED OVARIAN CYST, LEFT SIDE	Facility	Approved	1		0		0
LAPAROSCOPY FUNDOPLASTY	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	2		0		0
LAPAROSCOPY FUNDOPLASTY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF UNSPECIFIED KIDNEY	Facility	Approved	1		0		0
LAPAROSCOPY FUNDOPLASTY	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPY GASTROSTOMY	FEEDING DIFFICULTIES	Other	Approved	1		0		0
LAPAROSCOPY LYMPH NODE BIOP	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	1		0		0
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	4		0		0
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF ENDOMETRIUM	Internal Medicine	Approved	1		0		0
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF ENDOMETRIUM	Other	Approved	1		0		0
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	Other	Approved	1		0		0
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	3		0		0
LAPAROSCOPY LYMPH NODE BIOP	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Other	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	1		0		0

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LAPAROSCOPY LYMPHADENECTOMY	CELLULITIS, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	ELEVATED CARCINOEMBRYONIC ANTIGEN [CEA]	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	HYPERTROPHY OF UTERUS	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	4		0		0
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	Internal Medicine	Approved	2		0		0
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	25		0		0
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	OTHER OVARIAN CYST, RIGHT SIDE	Facility	Approved	2		0		0
LAPAROSCOPY LYMPHADENECTOMY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	POSTMENOPAUSAL BLEEDING	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Facility	Approved	2		0		0
LAPAROSCOPY LYMPHADENECTOMY	UNSPECIFIED OVARIAN CYST, LEFT SIDE	Facility	Approved	1		0		0
LAPAROSCOPY LYSIS	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	1		0		0
LAPAROSCOPY LYSIS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	1		0		0
LAPAROSCOPY ORCHIOPEXY	UNILATERAL INTRAABDOMINAL TESTIS	Facility	Approved	1		0		0
LAPAROSCOPY PYELOPLASTY	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	ABDOMINAL DISTENSION (GASEOUS)	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	3		0		0
LAPAROSCOPY REMOVE ADNEXA	BENIGN NEOPLASM OF RIGHT OVARY	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	CALCULUS OF URETER	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	CHRONIC SALPINGITIS	Facility	Approved	2		0		0
LAPAROSCOPY REMOVE ADNEXA	CHRONIC SALPINGITIS AND OOPHORITIS	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPY REMOVE ADNEXA	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	Facility	Approved	2		0		0
LAPAROSCOPY REMOVE ADNEXA	ENCOUNTER FOR OTHER PROCREATIVE INVESTIGATION AND TESTING	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	ENCOUNTER FOR STERILIZATION	Ancillary	Approved	2		0		0
LAPAROSCOPY REMOVE ADNEXA	ENCOUNTER FOR STERILIZATION	Facility	Approved	13		0		0
LAPAROSCOPY REMOVE ADNEXA	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	IRREGULAR MENSTRUATION, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	NONINFLAMMATORY DISORD OF OVARY, FALLOP & BROAD LIGMT, UNSP	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Other	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	OTHER OVARIAN CYST, UNSPECIFIED SIDE	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	PELVIC AND PERINEAL PAIN	Facility	Approved	6		0		0
LAPAROSCOPY REMOVE ADNEXA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	Facility	Approved	1		0		0

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LAPAROSCOPY REMOVE ADNEXA	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	STRESS INCONTINENCE (FEMALE) (MALE)	HOSPITAL	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	TORSION OF OVARY AND OVARIAN PEDICLE, UNSPECIFIED SIDE	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPY SPLENECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
LAPAROSCOPY SURG COLPOPEXY	CYSTOCELE, MIDLINE	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPY SURG COLPOPEXY	CYSTOCELE, UNSPECIFIED	HOSPITAL	Approved	1		0		0
LAPAROSCOPY SURG COLPOPEXY	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
LAPAROSCOPY SURG COLPOPEXY	RECTOCELE	HOSPITAL	Approved	1		0		0
LAPAROSCOPY SURG COLPOPEXY	STRESS INCONTINENCE (FEMALE) (MALE)	HOSPITAL	Approved	1		0		0
LAPAROSCOPY SURG COLPOPEXY	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY	E66.01 - Morbid (severe) obesity due to excess calories	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY	E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension; I51.9 - Heart disease, unspecified	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; ANCILLARY ANESTHESI	E08.9 - Diabetes mellitus due to underlying condition without complications; E66.01 - Morbid (severe) obesity due to excess calories; I10 - Essential (primary) hypertension; K21.9 - Gastro-esophageal reflux disease without esophagitis	Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; ESOPH ENDOSCOPY W/U	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension; K44.9 - Diaphragmatic hernia witho	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; INITIAL HOSPITAL CA	E11.9 - Type 2 diabetes mellitus without complications; E66.01 - Morbid (severe) obesity due to excess calories; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; INITIAL HOSPITAL CA	E66.01 - Morbid (severe) obesity due to excess calories	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; INITIAL HOSPITAL CA	E66.01 - Morbid (severe) obesity due to excess calories; G47.30 - Sleep apnea, unspecified	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; INITIAL HOSPITAL CA	E66.01 - Morbid (severe) obesity due to excess calories; I10 - Essential (primary) hypertension	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; OBS/IP HOSP SAME DA	E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension	General Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; UPPER GI ENDOSCOPY,	E66.01 - Morbid (severe) obesity due to excess calories; G47.33 - Obstructive sleep apnea (adult) (pediatric); K21.9 - Gastro-esophageal reflux disease without esophagitis; R32 - Unspecified urinary incontinence	Surgery	Approved	1		0		0
LAPAROSCOPY SURGICAL GASOFTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY; UPPR GI ENDOSCOPY,	E66.01 - Morbid (severe) obesity due to excess calories; E78.5 - Hyperlipidemia, unspecified; G47.33 - Obstructive sleep apnea (adult) (pediatric); K21.9 - Gastro-esophageal reflux disease without esophagitis	Surgery	Approved	1		0		0
LAPAROSCOPY TUBAL BLOCK	ENCOUNTER FOR STERILIZATION	Facility	Approved	1		0		0
LAPAROSCOPY TUBAL CAUTERY	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	Facility	Approved	1		0		0
LAPAROSCOPY TUBAL CAUTERY	ENCOUNTER FOR STERILIZATION	Facility	Approved	2		0		0

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LAPAROSCOPY, REMOVE ADNEXA; LAPAROSCOPY, LYMPHADENECTOMY; UROLOGY SURGERY PROCEDURE	R19.03 - Right lower quadrant abdominal swelling, mass and lump	OB/Gyn	Approved	1		0		0
LAPAROSCOPY, SURG, W TTL HYSTER, UTERUS 250 G OR LESS REM TUBE; ANCILLARY ANESTHESIOLOGIST	N94.89 - Other specified conditions associated with female genital organs and menstrual cycle; R10.2 - Pelvic and perineal pain	OB/Gyn	Approved	1		0		0
LAPAROSCOPY, SURG, W TTL HYSTER, UTERUS 250 G OR LESS REM TUBE; ROBOTIC SURGICAL SYSTEM	N92.0 - Excessive and frequent menstruation with regular cycle	OB/Gyn	Approved	1		0		0
LAPAROSCOPY, SURGICAL WITH INSERT INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT; INSERT ABDOM DRA	N18.6 - End stage renal disease	Surgery	Approved	1		0		0
LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	INTRAMURAL LEIOMYOMA OF UTERUS	Emergency Medicine		0		0	Denied	1
LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	INTRAMURAL LEIOMYOMA OF UTERUS	Surgery, Plastic		0		0	Denied	1
LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	SUBMUCOUS LEIOMYOMA OF UTERUS	Dermatology		0		0	Denied	1
LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	SUBMUCOUS LEIOMYOMA OF UTERUS	Emergency Medicine		0		0	Approved	1
LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	Submucous leiomyoma of uterus	Pediatrics		0		0	Denied	1
LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	SUBMUCOUS LEIOMYOMA OF UTERUS	Psychiatry		0		0	Denied	1
LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	Subserosal leiomyoma of uterus	Pediatrics		0		0	Denied	1
LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED	Gastro-esophageal reflux disease without esophagitis	Emergency Medicine		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Drug-induced obesity	Physician Assistant		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Essential (primary) hypertension	Family Medicine		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Morbid (severe) obesity due to excess calories	Emergency Medicine		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Emergency Medicine		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Morbid (severe) obesity due to excess calories	Nephrology		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Obstetrics/Gynecology		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Pain Management		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Morbid (severe) obesity due to excess calories	Pediatric Endocrinology		0		0	Approved	2
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Physician		0		0	Approved	1

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LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Morbid (severe) obesity due to excess calories	Psychiatry		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Rheumatology		0		0	Approved	2
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Morbid (severe) obesity due to excess calories	Rheumatology		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Vascular & Interventional Radiology		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	BARIATRIC SURGERY STATUS	Urology		0		0	Approved	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)		Pain Management		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Gastro-esophageal reflux disease without esophagitis	Psychiatry		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Allergy/Immunology		0		0	Approved	2
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Morbid (severe) obesity due to excess calories	Emergency Medicine		0		0	Denied	1
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Morbid (severe) obesity due to excess calories	Internal Medicine		0		0	Approved	1
LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL OF SURFACE MYOMAS	INTRAMURAL LEIOMYOMA OF UTERUS	Endocrinology And Metabolism		0		0	Denied	1
LAPARO-VAG HYST INCL T/O	ENDOMETRIOSIS, UNSPECIFIED	Facility	Approved	1		0		0
LAPARO-VAG HYST INCL T/O	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Denied	1	Services are not medically necessary	1		0
LAPARO-VAG HYST INCL T/O	PELVIC AND PERINEAL PAIN	Facility	Approved	1		0		0
LAPARO-VAG HYST INCL T/O	PELVIC AND PERINEAL PAIN	Facility	Denied	1	Services are not medically necessary	1		0
LAPARO-VAG HYST INCL T/O	POSTMENOPAUSAL BLEEDING	Facility	Approved	1		0		0
LAPARO-VAG HYST W/T/O COMPL	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LAPARO-VAG HYST W/T/O COMPL	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	1		0		0
LAPS ABLTJ UTERINE FIBROIDS	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Facility	Denied	1	Services are not medically necessary	1		0
LAPS ABLTJ UTERINE FIBROIDS	INTRAMURAL LEIOMYOMA OF UTERUS	Ancillary	Denied	1	Services are not medically necessary	1		0
LAPS ABLTJ UTERINE FIBROIDS	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Denied	2	Services are not medically necessary	2		0
LAPS ABLTJ UTERINE FIBROIDS	SUBMUCOUS LEIOMYOMA OF UTERUS	Ancillary	Denied	1	Services are not medically necessary	1		0
LAPS ABLTJ UTERINE FIBROIDS	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Denied	2	Services are not medically necessary	2		0
LAPS ABLTJ UTERINE FIBROIDS	SUBSEROUSAL LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
LAPS ABLTJ UTERINE FIBROIDS	SUBSEROUSAL LEIOMYOMA OF UTERUS	Facility	Denied	1	Services are not medically necessary	1		0
LAPS ESOPHGL SPHNCTR AGMNTJ	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Denied	2	Services are not medically necessary	2		0
LAPS ESOPHGL SPHNCTR AGMNTJ	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Other	Approved	1		0		0
LAPS PELVIC LYMPHADEC	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
LAPS PELVIC LYMPHADEC	MALIGNANT NEOPLASM OF ENDOMETRIUM	Internal Medicine	Approved	1		0		0
LAPS TOT HYST RESJ MAL	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
LAPS TOT HYST RESJ MAL	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	Facility	Approved	1		0		0

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LAPS TOT HYST RESJ MAL	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
LARONIDASE INJECTION	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Approved	1		0		0
LARYNGOPLASTY MEDIALIZATION	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	1		0		0
LARYNGOPLASTY, MEDIALIZATION, UNILATERAL	J38.01 - Paralysis of vocal cords and larynx, unilateral	Ent-Otolaryngology	Approved	1		0		0
LARYNGOSCOP W/VC INJ + SCOPE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
LARYNGOSCOPY W/BIOPSY	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
LARYNGOSCOPY W/BIOPSY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
LARYNGOSCOPY W/BIOPSY	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Facility	Approved	1		0		0
LARYNGOSCOPY W/BIOPSY	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
LARYNGOSCOPY W/BX & OP SCOPE	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Facility	Approved	1		0		0
LARYNGOSCOPY W/EXC OF TUMOR	BENIGN NEOPLASM OF LARYNX	Ancillary	Approved	1		0		0
LARYNGOSCOPY WITH INJECTION; THROAT MUSCLE SURGERY	J38.00 - Paralysis of vocal cords and larynx, unspecified; R13.10 - Dysphagia, unspecified	Otolaryngology	Approved	1		0		0
LARYNGOSCOPY WITH INJECTION; THROAT MUSCLE SURGERY	R13.10 - Dysphagia, unspecified	Otolaryngology	Approved	1		0		0
LARYNGOSCOPY, FLEXIBLE; DIAG; OFFICE/OUTPATIENT VISIT, NEW	J04.0 - Acute laryngitis; J38.4 - Edema of larynx	Ent-Otolaryngology	Approved	1		0		0
LARYNSCOP W/TUMR EXC + SCOPE	BENIGN NEOPLASM OF LARYNX	Facility	Approved	1		0		0
LARYNSCOP W/TUMR EXC + SCOPE	OTHER DISEASES OF VOCAL CORDS	Facility	Approved	2		0		0
LARYNSCOP W/TUMR EXC + SCOPE	POLYP OF VOCAL CORD AND LARYNX	Ancillary	Approved	1		0		0
LARYNX SURGERY PROCEDURE	BENIGN NEOPLASM OF LARYNX	Facility	Denied	1	Services are not medically necessary	1		0
LARYNX SURGERY PROCEDURE	CHRONIC LARYNGITIS	Facility	Approved	2		0		0
LARYNX SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Denied	1	Services are not medically necessary	1		0
LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	Psoriasis vulgaris	Dermatology		0		0	Approved	1
LASER TREATMENT OF RETINA	ACIDOSIS	Ancillary	Approved	1		0		0
LASER TREATMENT OF RETINA	ANTERIOR DISLOCATION OF LENS, RIGHT EYE	Ancillary	Approved	1		0		0
LASER TREATMENT OF RETINA	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
LASER TREATMENT OF RETINA	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Ancillary	Approved	1		0		0
LASER TREATMENT OF RETINA	VITREOUS HEMORRHAGE, LEFT EYE	Ancillary	Approved	1		0		0
LASER TREATMENT OF RETINA	VITREOUS HEMORRHAGE, RIGHT EYE	Ancillary	Approved	2		0		0
LASER TX SKIN < 250 SQ CM	GUTTATE PSORIASIS	Dermatology	Approved	1		0		0
LASER TX SKIN < 250 SQ CM	OTHER ATOPIC DERMATITIS	Dermatology	Approved	1		0		0
LASER TX SKIN < 250 SQ CM	PILONIDAL CYST WITHOUT ABSCESS	Pediatric Dermatology	Approved	1		0		0
LASER TX SKIN < 250 SQ CM	PSORIASIS VULGARIS	Dermatology	Approved	7		0		0
LASER TX SKIN < 250 SQ CM	PSORIASIS VULGARIS	Family Medicine	Approved	1		0		0
LASER TX SKIN < 250 SQ CM	PSORIASIS, UNSPECIFIED	Dermatology	Approved	2		0		0
LASER TX SKIN < 250 SQ CM	SEBACEOUS CYST	Dermatology	Denied	1	Services are not medically necessary	1		0
LASER TX SKIN < 250 SQ CM	SHORTNESS OF BREATH	Dermatology	Approved	1		0		0
LASER TX SKIN < 250 SQ CM	VITILIGO	Dermatology	Approved	2		0		0
LASER TX SKIN < 250 SQ CM	VITILIGO	Dermatology	Denied	16	Services are not medically necessary	16		0
LASER TX SKIN < 250 SQ CM	VITILIGO	Family Medicine	Denied	1	Services are not medically necessary	1		0
LASER TX SKIN >500 SQ CM	GUTTATE PSORIASIS	Dermatology	Approved	1		0		0
LASER TX SKIN >500 SQ CM	OTHER ATOPIC DERMATITIS	Dermatology	Approved	1		0		0
LASER TX SKIN >500 SQ CM	PSORIASIS VULGARIS	Dermatology	Approved	13		0		0
LASER TX SKIN >500 SQ CM	PSORIASIS VULGARIS	Family Medicine	Approved	1		0		0
LASER TX SKIN >500 SQ CM	PSORIASIS, UNSPECIFIED	Dermatology	Approved	4		0		0
LASER TX SKIN >500 SQ CM	SHORTNESS OF BREATH	Dermatology	Approved	1		0		0
LASER TX SKIN >500 SQ CM	VITILIGO	Dermatology	Approved	3		0		0

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LASER TX SKIN >500 SQ CM	VITILIGO	Dermatology	Denied	14	Services are not medically necessary	14		0
LASER TX SKIN >500 SQ CM	VITILIGO	Family Medicine	Denied	1	Services are not medically necessary	1		0
LASER TX SKIN 250-500 SQ CM	GUTTATE PSORIASIS	Dermatology	Approved	1		0		0
LASER TX SKIN 250-500 SQ CM	OTHER ATOPIC DERMATITIS	Dermatology	Approved	1		0		0
LASER TX SKIN 250-500 SQ CM	PSORIASIS VULGARIS	Dermatology	Approved	7		0		0
LASER TX SKIN 250-500 SQ CM	PSORIASIS VULGARIS	Family Medicine	Approved	1		0		0
LASER TX SKIN 250-500 SQ CM	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
LASER TX SKIN 250-500 SQ CM	SHORTNESS OF BREATH	Dermatology	Approved	1		0		0
LASER TX SKIN 250-500 SQ CM	VITILIGO	Dermatology	Approved	2		0		0
LASER TX SKIN 250-500 SQ CM	VITILIGO	Dermatology	Denied	13	Services are not medically necessary	13		0
LASER TX SKIN 250-500 SQ CM	VITILIGO	Family Medicine	Denied	1	Services are not medically necessary	1		0
LASTACAPT 0.25% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Approved	1		0		0
LASTACAPT 0.25% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Denied	1	Services are not medically necessary	1		0
LAT LUMBAR SPINE FUSION	ARTHRODESIS STATUS	Facility	Denied	1	Services are not medically necessary	1		0
LAT LUMBAR SPINE FUSION	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LAT LUMBAR SPINE FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LAT LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LAT THOR/LUMB ADDL SEG	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LATE CLOSURE OF WOUND	HYPERTROPHY OF BREAST	Family Medicine	Approved	1		0		0
LATE CLOSURE OF WOUND	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
LATE CLOSURE OF WOUND	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Approved	2		0		0
Lateral retinacular release, open	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Lateral retinacular release, open	INF & INFLAM REACT UNS INTRL JNT PROSTH SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Lateral retinacular release, open	OTHER INSTABILITY RIGHT KNEE	PEDIATRICS	Approved	1		0		0
Lateral retinacular release, open	OTHER INSTABILITY RIGHT KNEE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
Lateral retinacular release, open	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Lateral retinacular release, open	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
LATERAL TROCHANTERIC PAD	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
LATUDA 120 MG TABLET	BIPOLAR DISORD, CRNT EPSD MANIC W/O PSYCH FEATURES, SEVERE	Psychiatry	Approved	1		0		0
LATUDA 120 MG TABLET	BIPOLAR DISORD, CRNT EPSD MANIC W/O PSYCH FEATURES, SEVERE	Psychiatry	Denied	1	Services are not medically necessary	1		0
LATUDA 20 MG TABLET	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	Psychiatry	Approved	1		0		0
LATUDA 20 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Approved	1		0		0
LATUDA 20 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
LATUDA 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	2		0		0
LATUDA 20 MG TABLET	MOOD DISORD D/T PHYSIOL COND W MAJOR DEPRESSIVE-LIKE EPSD	Family Medicine	Approved	1		0		0
LATUDA 20 MG TABLET	OTHER BIPOLAR DISORDER	Counseling	Approved	1		0		0
LATUDA 20 MG TABLET	OTHER BIPOLAR DISORDER	Counseling	Denied	1	Services are not medically necessary	1		0
LATUDA 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Approved	1		0		0
LATUDA 40 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Counseling	Approved	1		0		0
LATUDA 40 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
LATUDA 40 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
LATUDA 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
LATUDA 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0

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LATUDA 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	1		0		0
LATUDA 40 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Approved	1		0		0
LATUDA 60 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Approved	1		0		0
LATUDA 60 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC	Psychiatry	Approved	1		0		0
LATUDA 60 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE MIXED	Physician	Denied	1	Services are not medically necessary	1		0
LATUDA 60 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
LATUDA 60 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	3		0		0
LATUDA 80 MG TABLET	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES	Psychiatry	Approved	1		0		0
LATUDA 80 MG TABLET	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychiatry	Approved	2		0		0
LATUDA 80 MG TABLET	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychology	Approved	1		0		0
LATUDA 80 MG TABLET	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
LATUDA 80 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
LATUDA 80 MG TABLET	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE	Psychiatry	Approved	1		0		0
LATUDA 80 MG TABLET	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
LDCT FOR LUNG CA SCREEN	ENCNTR SCREEN FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	Family Medicine	Approved	1		0		0
LEAD, NEUROSTIMULATOR	PARKINSON'S DISEASE	Facility	Approved	1		0		0
LEAD, NEUROSTIMULATOR	RADICULOPATHY, LUMBOSACRAL REGION	Ancillary	Approved	2		0		0
Lead, neurostimulator (implantable)	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Lead, neurostimulator (implantable)	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Lead, neurostimulator (implantable)	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	ANESTHESIOLOGY	Approved	1		0		0
Lead, neurostimulator (implantable)	PARKINSONS DISEASE	GENERAL PRACTICE	Approved	1		0		0
Lead, neurostimulator test kit (implantable)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
Lead, neurostimulator test kit (implantable)	COMPLEX RGN PAIN SYNDROME I UPPER LIMB BILATERAL	ANESTHESIOLOGY	Approved	1		0		0
LEDIPASVIR-SOFOSBUVIR 90-400MG	CHRONIC VIRAL HEPATITIS C	Family Medicine	Approved	1		0		0
LEDIPASVIR-SOFOSBUVIR 90-400MG	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	3		0		0
LEDIPASVIR-SOFOSBUVIR 90-400MG	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	1	Services are not medically necessary	1		0
LEDIPASVIR-SOFOSBUVIR 90-400MG	CHRONIC VIRAL HEPATITIS C	Physician	Approved	1		0		0
LEFORT I-1 PIECE W/ GRAFT	MALOCCLUSION, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LEFORT I-1 PIECE W/ GRAFT	MANDIBULAR HYPOPLASIA	Facility	Approved	1		0		0
LEFORT I-1 PIECE W/ GRAFT	MAXILLARY HYPERPLASIA	Facility	Approved	1		0		0
LEFORT I-1 PIECE W/ GRAFT	MAXILLARY HYPOPLASIA	Facility	Approved	7		0		0
LEFORT I-1 PIECE W/ GRAFT	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	Facility	Approved	1		0		0
LEFORT I-1 PIECE W/O GRAFT	OTHER JAW ASYMMETRY	Facility	Denied	1	Services are not medically necessary	1		0
LEFORT I-1 PIECE W/O GRAFT	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Other	Approved	1		0		0
LEFORT I-2 PIECE W/O GRAFT	MAXILLARY HYPOPLASIA	Facility	Approved	1		0		0
LEFORT I-2 PIECE W/O GRAFT	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	Facility	Approved	1		0		0
LEFORT I-2 PIECE W/O GRAFT	REVERSE ARTICULATION	Dentistry	Approved	1		0		0
LEFORT I-3/> PIECE W/ GRAFT	MAXILLARY HYPERPLASIA	Surgery, Oral And Maxillofacial	Approved	1		0		0
LEFORT I-3/> PIECE W/ GRAFT	MAXILLARY HYPOPLASIA	Facility	Approved	3		0		0
LEFORT I-3/> PIECE W/ GRAFT	OTHER SPECIFIED DISEASES OF JAWS	Facility	Approved	1		0		0
LEFORT I-3/> PIECE W/O GRAFT	MANDIBULAR HYPERPLASIA	Facility	Approved	1		0		0
LEFORT I-3/> PIECE W/O GRAFT	MAXILLARY HYPOPLASIA	Facility	Approved	1		0		0

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Left heart catheterization without right heart cath or coronaries	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	1		0		0
Left heart catheterization without right heart cath or coronaries	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Left heart catheterization without right heart cath or coronaries	COARCTATION OF AORTA	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Left heart catheterization without right heart cath or coronaries	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Left heart catheterization without right heart cath or coronaries	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Approved	1		0		0
Left heart catheterization without right heart cath or coronaries	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
LEFT HRT CATH W/VENTRCLGRPHY	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
LEFT HRT CATH W/VENTRCLGRPHY	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	1		0		0
LEFT HRT CATH W/VENTRCLGRPHY	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Denied	1	Services are not medically necessary	1		0
LEFT HRT CATH W/VENTRCLGRPHY	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	1		0		0
LEG SURGERY PROCEDURE	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
LEG SURGERY PROCEDURE	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
LEG SURGERY PROCEDURE	RECURRENT SUBLUXATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
LEG SURGERY PROCEDURE	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, INIT	Ancillary	Approved	1		0		0
LEG/ANKLE SURGERY PROCEDURE	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
LEG/ANKLE SURGERY PROCEDURE	UNSP FRACTURE OF SHAFT OF UNSP TIBIA, INIT FOR CLOS FX	Facility	Approved	1		0		0
LEMTRADA 12 MG/1.2 ML VIAL	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
LENVIMA 18 MG DAILY DOSE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Oncology	Approved	1		0		0
LENVIMA 8 MG DAILY DOSE	LIVER CELL CARCINOMA	Internal Medicine	Approved	1		0		0
LETAIRIS	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Psychiatry		0		0	Approved	1
LETAIRIS 10 MG TABLET	OTHER SECONDARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
LETAIRIS 10 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Pulmonary Disease	Approved	2		0		0
LETAIRIS 10 MG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
LETAIRIS 5 MG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Critical Care Medicine	Approved	1		0		0
LEUCOVORIN CALCIUM 15 MG TAB	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Neurology	Approved	1		0		0
LEUCOVORIN CALCIUM 5 MG TAB	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Nurse Practitioner	Approved	1		0		0
LEUCOVORIN CALCIUM INJECTION	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	2		0		0
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	2		0		0
LEUPROLIDE 2WK 14 MG/2.8 ML KT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	2		0		0
LEUPROLIDE 2WK 14 MG/2.8 ML KT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LEUPROLIDE ACETATE /3.75 MG	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Family Medicine	Approved	2		0		0
LEUPROLIDE ACETATE /3.75 MG	ENDOMETRIOSIS OF UTERUS	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE /3.75 MG	ENDOMETRIOSIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
LEUPROLIDE ACETATE /3.75 MG	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE /3.75 MG	INTRAMURAL LEIOMYOMA OF UTERUS	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE /3.75 MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE INJECTON	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	2		0		0
LEUPROLIDE ACETATE INJECTON	PRECOCIOUS PUBERTY	Facility	Approved	1		0		0

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LEUPROLIDE ACETATE INJECTON	UNDESCENDED TESTICLE, UNSPECIFIED, BILATERAL	Facility	Approved	1		0		0
LEUPROLIDE ACETATE INJECTON; SUBQ OR IM INJ	Q53.20 - Undescended testicle, unspecified, bilateral	Pediatric Endocrinology	Approved	1		0		0
LEUPROLIDE ACETATE POWDER	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
LEUPROLIDE ACETATE SUSPNSION	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Family Medicine	Approved	2		0		0
LEUPROLIDE ACETATE SUSPNSION	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Family Medicine	Approved	3		0		0
LEUPROLIDE ACETATE SUSPNSION	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	ENDOMETRIOSIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
LEUPROLIDE ACETATE SUSPNSION	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Family Medicine	Approved	2		0		0
LEUPROLIDE ACETATE SUSPNSION	INTRAMURAL LEIOMYOMA OF UTERUS	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	LEIOMYOMA OF UTERUS, UNSPECIFIED	Family Medicine	Approved	6		0		0
LEUPROLIDE ACETATE SUSPNSION	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	14		0		0
LEUPROLIDE ACETATE SUSPNSION	MALIGNANT NEOPLASM OF THYROID GLAND	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	PELVIC AND PERINEAL PAIN	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
LEUPROLIDE ACETATE SUSPNSION	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	2		0		0
LEVEMIR 100 UNIT/ML VIAL	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Approved	1		0		0
LEVEMIR 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Internal Medicine	Approved	1		0		0
LEVEMIR FLEXTOUCH 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Approved	1		0		0
LEVETIRACETAM 100 MG/ML SOLN	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
LEVETIRACETAM 500 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
LEVICYN DERMAL SPRAY	OTHER SPECIFIED DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
LEVICYN DERMAL SPRAY	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Denied	1	Services are not medically necessary	1		0
LEVITRA 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEVITRA 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Approved	1		0		0
LEVOCETIRIZINE 5 MG TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEVOCETIRIZINE 5 MG TABLET	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEVOCETIRIZINE 5 MG TABLET	ALLERGIC RHINITIS, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
LEVOCETIRIZINE 5 MG TABLET	OTHER ALLERGIC RHINITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LEVOCETIRIZINE 5 MG TABLET	OTHER SEASONAL ALLERGIC RHINITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEVOCETIRIZINE 5 MG TABLET	OTHER SEASONAL ALLERGIC RHINITIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LEVOMEFOLATE-ALGAL 15 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEVORPHANOL 2 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	3		0		0

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LEXAPRO 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	1		0		0
LEXAPRO 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEXAPRO 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
LEXAPRO 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
LEXAPRO 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEXAPRO 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
LEXAPRO 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
LEXAPRO 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LEXAPRO 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Internal Medicine	Approved	1		0		0
LEXAPRO 20 MG TABLET		General Practice	Approved	1		0		0
LEXAPRO 20 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEXAPRO 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
LEXAPRO 20 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
LEXAPRO 20 MG TABLET	GENERALIZED ANXIETY DISORDER	General Practice	Denied	1	Services are not medically necessary	1		0
LEXAPRO 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician	Denied	2	Services are not medically necessary	2		0
LEXAPRO 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Family Medicine	Approved	1		0		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
LEXAPRO 20 MG TABLET	OTHER RECURRENT DEPRESSIVE DISORDERS	Psychiatry	Approved	1		0		0
LEXAPRO 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LEXAPRO 5 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychiatry	Denied	1	Services are not medically necessary	1		0
LEXETTE 0.05% FOAM	DERMATITIS, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LEXETTE 0.05% FOAM	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
LEXETTE 0.05% FOAM	PSORIASIS VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
LEXETTE 0.05% FOAM	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LEXIVA 700 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
LEXIVA 700 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Denied	1	Services are not medically necessary	1		0
LIBRAX CAPSULE	ILLNESS, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
LIBRAX CAPSULE	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 3% CREAM	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, General	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 3% CREAM	ZOSTER WITHOUT COMPLICATIONS	Rheumatology	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% OINTMENT	ANAL FISSURE, UNSPECIFIED	Gastroenterology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	ANOGENITAL (VENEREAL) WARTS	Surgery, Colon And Rectal	Approved	1		0		0
LIDOCAINE 5% OINTMENT	ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	CALCANEAL SPUR, LEFT FOOT	Family Medicine	Approved	1		0		0

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LIDOCAINE 5% OINTMENT	CALCANEAL SPUR, LEFT FOOT	Physician	Approved	1		0		0
LIDOCAINE 5% OINTMENT	CELLULITIS OF BUTTOCK	Family Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% OINTMENT	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	DORSALGIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
LIDOCAINE 5% OINTMENT	DORSALGIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% OINTMENT	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	Family Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	HYPERTROPHIC SCAR	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	LOW BACK PAIN	Anesthesiology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	LOW BACK PAIN	Family Medicine	Approved	2		0		0
LIDOCAINE 5% OINTMENT	MALIGNANT NEOPLASM OF PROSTATE	Radiation Oncology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	MONONEUROPATHY, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	NEURALGIA AND NEURITIS, UNSPECIFIED	Podiatry	Approved	1		0		0
LIDOCAINE 5% OINTMENT	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Family Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	OTHER CHEST PAIN	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	General Practice	Approved	1		0		0
LIDOCAINE 5% OINTMENT	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Family Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Gastroenterology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% OINTMENT	PAIN IN RIGHT FOOT	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	PAIN IN UNSPECIFIED ELBOW	Family Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	PAIN IN UNSPECIFIED HAND	Rheumatology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	PAIN IN UNSPECIFIED JOINT	Family Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	PAIN IN UNSPECIFIED JOINT	Rheumatology	Approved	2		0		0
LIDOCAINE 5% OINTMENT	POLYARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	PSEUDOFOLLICULITIS BARBAE	Physician	Approved	1		0		0
LIDOCAINE 5% OINTMENT	RADICULOPATHY, CERVICAL REGION	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% OINTMENT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
LIDOCAINE 5% OINTMENT	SPRAIN OF CALCANEOFIBULAR LIGAMENT OF RIGHT ANKLE, INIT	Surgery, Orthopedic	Approved	1		0		0
LIDOCAINE 5% OINTMENT	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
LIDOCAINE 5% OINTMENT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% OINTMENT	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
LIDOCAINE 5% OINTMENT	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Physician	Approved	1		0		0
LIDOCAINE 5% OINTMENT	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
LIDOCAINE 5% OINTMENT	ZOSTER WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
LIDOCAINE 5% OINTMENT	ZOSTER WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
LIDOCAINE 5% PATCH	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% PATCH	CHONDROSCOSTAL JUNCTION SYNDROME [TIETZE]	Gastroenterology	Approved	1		0		0
LIDOCAINE 5% PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
LIDOCAINE 5% PATCH	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Neurology	Approved	1		0		0
LIDOCAINE 5% PATCH	LOW BACK PAIN	Anesthesiology	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% PATCH	LOW BACK PAIN	Family Medicine	Approved	4		0		0

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LIDOCAINE 5% PATCH	LOW BACK PAIN	Internal Medicine	Approved	5		0		0
LIDOCAINE 5% PATCH	NEURALGIA AND NEURITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	NEURALGIA AND NEURITIS, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% PATCH	NEURALGIA AND NEURITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
LIDOCAINE 5% PATCH	NEURALGIA AND NEURITIS, UNSPECIFIED	Urology	Approved	1		0		0
LIDOCAINE 5% PATCH	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
LIDOCAINE 5% PATCH	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Family Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Pain Management	Approved	1		0		0
LIDOCAINE 5% PATCH	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	PAIN IN LEFT KNEE	Family Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	PAIN IN RIGHT FOOT	Podiatry	Approved	1		0		0
LIDOCAINE 5% PATCH	PAIN IN UNSPECIFIED FOOT	Podiatry	Approved	1		0		0
LIDOCAINE 5% PATCH	PAIN IN UNSPECIFIED KNEE	Family Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	PATHOLOGICAL FRACTURE, RIGHT TIBIA, INIT ENCNR FOR FRACTURE	Podiatry	Approved	1		0		0
LIDOCAINE 5% PATCH	POSTHERPETIC POLYNEUROPATHY	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	POSTHERPETIC POLYNEUROPATHY	Rheumatology	Approved	1		0		0
LIDOCAINE 5% PATCH	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	RADICULOPATHY, LUMBAR REGION	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	RADICULOPATHY, LUMBAR REGION	Neurology	Approved	1		0		0
LIDOCAINE 5% PATCH	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	RADICULOPATHY, THORACOLUMBAR REGION	Internal Medicine	Approved	1		0		0
LIDOCAINE 5% PATCH	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Rheumatology	Denied	1	Services are not medically necessary	1		0
LIDOCAINE 5% PATCH	ZOSTER WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM		Podiatry	Denied	1	Services are not medically necessary	1		0
LIDOCAINE-PRILOCAINE CREAM	ANESTHESIA OF SKIN	Anesthesiology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	ANESTHESIA OF SKIN	Family Medicine	Approved	2		0		0
LIDOCAINE-PRILOCAINE CREAM	ANESTHESIA OF SKIN	Oncology	Approved	2		0		0
LIDOCAINE-PRILOCAINE CREAM	ANXIETY DISORDER, UNSPECIFIED	Pediatrics	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	CHRONIC KIDNEY DISEASE, STAGE 5	Nephrology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Pediatric Hematology/Oncology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	DEPENDENCE ON RENAL DIALYSIS	Internal Medicine	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	ENCOUNTER FOR ALLERGY TESTING	Allergy/Immunology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	Internal Medicine	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Hematology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0

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LIDOCAINE-PRILOCAINE CREAM	MERKEL CELL CARCINOMA OF UNSPECIFIED PART OF FACE	Hematology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	MULTIPLE MYELOMA	Hematology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	OTHER HYPERTROPHIC DISORDERS OF THE SKIN	Dermatology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	PAIN IN RIGHT HAND	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIDOCAINE-PRILOCAINE CREAM	PHIMOSIS	Pediatric Urology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	POSTHERPETIC TRIGEMINAL NEURALGIA	Nephrology	Approved	1		0		0
LIDOCAINE-PRILOCAINE CREAM	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
LIDOCAINE-TETRACAINE 7%-7% CRM	LOW BACK PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LIDODERM 5% PATCH	OTHER CHRONIC PAIN	Physical Medicine	Approved	2		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEdic SURGERY	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	LATERAL SUBLUXATION LT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTH SPONT DISRUPT CAPSULAR LIGAMENT RT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY LEFT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY RIGHT KNEE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Ligamentous reconstruction (augmentation), knee; extra-articular	PAIN IN LEFT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	PAIN IN LEFT KNEE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
Ligamentous reconstruction (augmentation), knee; extra-articular	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEdic	Approved	3		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	RECURRENT DISLOCATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	RECURRENT SUBLUXATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	RECURRENT SUBLUXATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Ligamentous reconstruction (augmentation), knee; extra-articular	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEdic SURGERY	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEdic SURGERY	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	SPRAIN LAT COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	VALGUS DEFORMITY NEC RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; intra-articular (open)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; intra-articular (open)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	UNEQUAL LIMB LENGTH ACQUIRED UNSPECIFIED SITE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	VALGUS DEFORMITY NEC RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
LIGATE LEG VEINS OPEN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Thoracic	Approved	1		0		0
LIGATE LEG VEINS RADICAL	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
LIGATE/DIVIDE/EXCISE VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Nephrology	Approved	1		0		0

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LIGATE/DIVIDE/EXCISE VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
LIGATE/DIVIDE/EXCISE VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
LIGATE/DIVIDE/EXCISE VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	1		0		0
LIGATE/STRIP SHORT LEG VEIN	CHRONIC VENOUS HYPERTENSION W/O COMP OF R LOW EXTREM	Facility	Denied	1	Services are not medically necessary	1		0
LIGHTWEIGHT WHEELCHAIR	CONGENITAL COMPLETE ABSENCE OF LOWER LIMB, BILATERAL	Ancillary	Approved	1		0		0
LIGHTWEIGHT WHEELCHAIR	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
LIGHTWEIGHT WHEELCHAIR	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
LIGHTWEIGHT WHEELCHAIR	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Ancillary	Approved	1		0		0
LIGHTWEIGHT WHEELCHAIR	WEAKNESS	Ancillary	Approved	1		0		0
LINEZOLID 100 MG/5 ML SUSP	INFECT/INFLM REACTION DUE TO OTH INT PROSTH DEV/GRFT, INIT	Pediatrics	Approved	1		0		0
LINEZOLID 100 MG/5 ML SUSP	METHICILLIN RESIS STAPH INFECTION, UNSP SITE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
LINEZOLID 100 MG/5 ML SUSP	MYCOBACTERIAL INFECTION, UNSPECIFIED	Pediatrics	Approved	1		0		0
LINEZOLID 600 MG TABLET		Pediatric Pulmonology	Approved	1		0		0
LINEZOLID 600 MG TABLET	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT HAND	Infectious Disease	Denied	1	Services are not medically necessary	1		0
LINEZOLID 600 MG TABLET	ATELECTASIS	Pulmonary Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	BACTEREMIA	Cardiovascular Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	BARIATRIC SURGERY STATUS	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS AND ACUTE LYMPHANGITIS OF FINGER AND TOE	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS OF CHEST WALL	Family Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS OF CHEST WALL	Surgery, Plastic	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS OF FACE	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS OF LEFT LOWER LIMB	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS OF LEFT LOWER LIMB	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS OF RIGHT UPPER LIMB	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS OF UNSPECIFIED PART OF LIMB	Podiatry	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	CELLULITIS, UNSPECIFIED	Oncology	Approved	1		0		0
LINEZOLID 600 MG TABLET	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
LINEZOLID 600 MG TABLET	CUTANEOUS ABSCESS OF TRUNK, UNSPECIFIED	Surgery, General	Approved	1		0		0
LINEZOLID 600 MG TABLET	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	2		0		0
LINEZOLID 600 MG TABLET	ENTEROCOCCUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	FEVER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	FOLLICULAR DISORDER, UNSPECIFIED	Dermatology	Approved	1		0		0
LINEZOLID 600 MG TABLET	INFECT/INFLM REACTION DUE TO INTERNAL RIGHT HIP PROSTH, SUBS	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	Surgery, Neurological	Approved	1		0		0
LINEZOLID 600 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Pediatrics	Approved	1		0		0
LINEZOLID 600 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Podiatry	Approved	1		0		0
LINEZOLID 600 MG TABLET	METHICILLIN RESIS STAPH INFECTION, UNSP SITE	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	OSTEOMYELITIS, UNSPECIFIED	Podiatry	Approved	1		0		0
LINEZOLID 600 MG TABLET	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	Pulmonary Disease	Approved	1		0		0

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LINEZOLID 600 MG TABLET	OTHER OSTEOMYELITIS, ANKLE AND FOOT	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	PNEUMONIA DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS	Gastroenterology	Approved	1		0		0
LINEZOLID 600 MG TABLET	PNEUMONIA DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	PNEUMONIA DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS	Physician	Approved	1		0		0
LINEZOLID 600 MG TABLET	PNEUMONIA, UNSPECIFIED ORGANISM	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	RESISTANCE TO VANCOMYCIN	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	SEPSIS DUE TO ENTEROCOCCUS	Cardiovascular Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	SEPSIS DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS	Internal Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	SUBACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	Emergency Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Family Medicine	Approved	1		0		0
LINEZOLID 600 MG TABLET	VARICOSE VEINS OF UNSP LOWER EXTREMITY W ULCER OF UNSP SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LIPITOR 10 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LIPITOR 10 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIPITOR 10 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
LIPITOR 40 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LIPITOR 40 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	1		0		0
LITH ION BATT CID, EAR LEVEL	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	3		0		0
LITH ION BATT CID, EAR LEVEL	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
LITH ION BATT CID, EAR LEVEL	Z96.21 - Cochlear implant status	Internal Medicine	Approved	1		0		0
LIVALO	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	Pediatrics		0		0	Denied	1
LIVALO	Atherosclerotic heart disease of native coronary artery without angina pectoris	Emergency Medicine		0		0	Approved	1
LIVALO	HYPERLIPIDEMIA, UNSPECIFIED	Dermatology		0		0	Approved	1
LIVALO	Mixed hyperlipidemia	Cardiac Electrophysiology		0		0	Approved	1
LIVALO	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism		0		0	Approved	1
LIVALO	Mixed hyperlipidemia	Family Medicine		0		0	Approved	1
LIVALO	MIXED HYPERLIPIDEMIA	Ophthalmology		0		0	Approved	1
LIVALO	MIXED HYPERLIPIDEMIA	Pain Management		0		0	Approved	1
LIVALO	Mixed hyperlipidemia	Pediatrics		0		0	Approved	1
LIVALO	Mixed hyperlipidemia	Psychiatry		0		0	Approved	1
LIVALO 1 MG TABLET	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	1		0		0
LIVALO 1 MG TABLET	FAMILIAL HYPERCHOLESTEROLEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
LIVALO 1 MG TABLET	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
LIVALO 1 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	1		0		0

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LIVALO 1 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	MIXED HYPERLIPIDEMIA	Radiology	Denied	3	Services are not medically necessary	3		0
LIVALO 1 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
LIVALO 1 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIVALO 1 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
LIVALO 2 MG TABLET		Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
LIVALO 2 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Approved	5		0		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Denied	8	Services are not medically necessary	8		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Approved	4		0		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	4	Services are not medically necessary	4		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Physician	Denied	4	Services are not medically necessary	4		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Cardiology, Interventional	Denied	2	Services are not medically necessary	2		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Approved	3		0		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	4	Services are not medically necessary	4		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	3		0		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	12	Services are not medically necessary	12		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	4		0		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Denied	5	Services are not medically necessary	5		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Physician	Denied	2	Services are not medically necessary	2		0
LIVALO 2 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	OTHER HYPERLIPIDEMIA	Cardiovascular Disease	Approved	1		0		0
LIVALO 2 MG TABLET	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	Cardiovascular Disease	Approved	1		0		0
LIVALO 2 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
LIVALO 2 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Approved	2		0		0
LIVALO 2 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Denied	3	Services are not medically necessary	3		0
LIVALO 2 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
LIVALO 2 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Physician Assistant	Approved	1		0		0
LIVALO 2 MG TABLET	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET		Internal Medicine	Approved	1		0		0
LIVALO 4 MG TABLET	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Approved	1		0		0
LIVALO 4 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
LIVALO 4 MG TABLET	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Approved	1		0		0

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LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Approved	4		0		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Denied	5	Services are not medically necessary	5		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Approved	3		0		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	4	Services are not medically necessary	4		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Approved	3		0		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism	Approved	1		0		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	2		0		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	3	Services are not medically necessary	3		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	3		0		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Denied	3	Services are not medically necessary	3		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Physician	Approved	1		0		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Physician	Denied	2	Services are not medically necessary	2		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Physician Assistant	Approved	1		0		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychology	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	Cardiovascular Disease	Approved	1		0		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LIVER ALLOTTRANSPLANTATION, ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	OTHER CIRRHOSIS OF LIVER	Pediatric Endocrinology		0		0	Approved	1
Liver Cancer	Secondary malignant neoplasm of liver and intrahepatic bile duct	RADIATION ONCOLOGY	Approved	2		0		0
LIVER ELASTOGRAPHY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
LIVER IMAGING	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
L-METHYLFOLATE 15 MG CAPLET	DIETARY FOLATE DEFICIENCY ANEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
L-METHYLFOLATE FORTE 15 MG CAP	METHYLENETETRAHYDROFOLATE REDUCTASE DEFICIENCY	Behavioral Nurse	Denied	2	Services are not medically necessary	2		0
LO FLEX L1-BELOW L5 PRE OTS	BENIGN NEOPLASM OF PARATHYROID GLAND	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	DORSALGIA, UNSPECIFIED	Ancillary	Approved	5		0		0
LO FLEX L1-BELOW L5 PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	LOW BACK PAIN	Ancillary	Approved	2		0		0
LO FLEX L1-BELOW L5 PRE OTS	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	2		0		0
LO FLEX L1-BELOW L5 PRE OTS	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	6		0		0

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LO FLEX L1-BELOW L5 PRE OTS	PAIN IN RIGHT LEG	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	PAIN IN UNSPECIFIED LOWER LEG	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
LO FLEX L1-BELOW L5 PRE OTS	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	10		0		0
LO FLEX L1-BELOW L5 PRE OTS	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	2		0		0
LO FLEX L1-BELOW L5 PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
LO LOESTRIN FE 1-10 TABLET	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Obstetrics/Gynecology	Approved	1		0		0
LO LOESTRIN FE 1-10 TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LO LOESTRIN FE 1-10 TABLET	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Obstetrics/Gynecology	Approved	1		0		0
LOCM 300-399MG/ML IODINE,1ML	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
LOMAIRA 8 MG TABLET	BODY MASS INDEX (BMI) 33.0-33.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
LONHALA MAGNAIR	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Neurology		0		0	Approved	1
LONHALA MAGNAIR 25 MCG REFILL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LONHALA MAGNAIR 25 MCG REFILL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
LONHALA MAGNAIR 25 MCG REFILL	OTHER GENERAL SYMPTOMS AND SIGNS	Sleep Medicine	Denied	1	Services are not medically necessary	1		0
LONHALA MAGNAIR 25 MCG STARTER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Emergency Medicine	Approved	1		0		0
LONHALA MAGNAIR 25 MCG STARTER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
LONHALA MAGNAIR 25 MCG STARTER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
LONSURF	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Psychiatry		0		0	Approved	1
LONSURF 15 MG-6.14 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Oncology	Approved	1		0		0
LONSURF 20 MG-8.19 MG TABLET		Hematology	Approved	1		0		0
LONSURF 20 MG-8.19 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Oncology	Denied	1	Services are not medically necessary	1		0
LONSURF 20 MG-8.19 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Internal Medicine	Approved	1		0		0
LOOP HEEL	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
LOPHLEX PACKET		Genetics	Denied	1	Services are not medically necessary	1		0
LORATADINE 10 MG TABLET	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LORAZEPAM INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
LORZONE 375 MG TABLET	CRAMP AND SPASM	Pain Management	Approved	1		0		0
LORZONE 375 MG TABLET	CRAMP AND SPASM	Pain Management	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	CERVICALGIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	CRAMP AND SPASM	Pain Management	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	FIBROMYALGIA	Rheumatology	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	LOW BACK PAIN	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	MUSCLE SPASM OF BACK	Pain Management	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	MUSCLE SPASM OF BACK	Physical Medicine	Denied	2	Services are not medically necessary	2		0
LORZONE 750 MG TABLET	MUSCLE SPASM OF BACK	Physician	Approved	1		0		0
LORZONE 750 MG TABLET	OTHER MUSCLE SPASM	Pain Management	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	OTHER MUSCLE SPASM	Physician	Approved	1		0		0
LORZONE 750 MG TABLET	RADICULOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
LORZONE 750 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0

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LORZONE 750 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LOTREL 10-20 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
LOVENOX 40 MG/0.4 ML SYRINGE	OTH DIS OF BLD/BLD-FORM ORG/IMMUN MECHNSM	Obstetrics/Gynecology	Approved	1		0		0
LOVENOX 40 MG/0.4 ML SYRINGE	COMP PREG,UNSP TRI	Surgery, General	Approved	1		0		0
LOVENOX 60 MG/0.6 ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Approved	1		0		0
LOW BACK DISK SURGERY	PRESENCE OF PROSTHETIC HEART VALVE	Facility	Denied	1	Services are not medically necessary	1		0
LOW BACK DISK SURGERY	ARTHRODESIS STATUS	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	CARDIOGENIC SHOCK	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	COAGULATION DEFECT, UNSPECIFIED	Facility	Approved	2		0		0
LOW BACK DISK SURGERY	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	FOOT DROP, LEFT FOOT	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	G89.29 - Other chronic pain; M54.16 - Radiculopathy, lumbar region; M54.40 - Lumbago with sciatica, unspecified side	Neurosurgery	Approved	1		0		0
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	10		0		0
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	HOSPITAL	Approved	2		0		0
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	INTRASPINAL ABSCESS AND GRANULOMA	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	3		0		0
LOW BACK DISK SURGERY	LOW BACK PAIN	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
LOW BACK DISK SURGERY	LUMBAGO WITH SCIATICA, LEFT SIDE	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	LUMBAGO WITH SCIATICA, RIGHT SIDE	Facility	Approved	2		0		0
LOW BACK DISK SURGERY	M51.26 - Other intervertebral disc displacement, lumbar region	Neurosurgery	Approved	1		0		0
LOW BACK DISK SURGERY	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	2		0		0
LOW BACK DISK SURGERY	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER BURSAL CYST, OTHER SITE	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	2		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	40		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Family Medicine	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0

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LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Emergency Medicine	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	6		0		0
LOW BACK DISK SURGERY	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LOW BACK DISK SURGERY	OTHER SPONDYLOSIS, LUMBAR REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBAR REGION	Facility	Approved	19		0		0
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBAR REGION	Facility	Denied	3	Services are not medically necessary	3		0
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	3		0		0
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBOSACRAL REGION	Other	Denied	1	Services are not medically necessary	1		0
LOW BACK DISK SURGERY	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	SCIATICA, UNSPECIFIED SIDE	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	10		0		0
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Denied	1	Services are not medically necessary	1		0
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	6		0		0
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	2		0		0
LOW BACK DISK SURGERY	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
LOW BACK DISK SURGERY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
LOW BACK DISK SURGERY	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Facility	Approved	1		0		0
LOW COST SKIN SUBSTITUTE APP	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM	Facility	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	ALLERGIC RHINITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ANEMIA UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	CHEST PAIN ON BREATHING	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	COUGH	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	COUGH	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Low dose CT scan (LDCT) for lung cancer screening	COUGH	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER FOR SCREENING UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	Imaging Center	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	INTERNAL MEDICINE	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER GEN ADULT MEDICAL EXAM W/ABNORMAL FIND	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	CARDIOLOGIST	Approved	3		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	Approved	26		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	Imaging Center	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	INTERNAL MEDICINE	Approved	17		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	NEUROLOGY	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	NURSE PRACTITIONER	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	PULMONARY DISEASES	Approved	3		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	SLEEP MEDICINE	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIGNANT NEOPLASM SITE UNS	FAMILY PRACTICE	Approved	3		0		0
Low dose CT scan (LDCT) for lung cancer screening	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	PULMONARY DISEASES	Approved	4		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	FAMILY PRACTICE	Approved	14		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	INTERNAL MEDICINE	Approved	8		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	PULMONARY DISEASES	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	RADIATION ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES W/OTH INDUCED D/O	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES W/UNS INDUCED D/O	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE OTH TOBACCO PRODUCT UNCOMP	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED IN REMISSION	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CRITICAL CARE MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Approved	17		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	Approved	17		0		0

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Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	NURSE PRACTITIONER	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PULMONARY DISEASES	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	RADIOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER DISORDERS OF LUNG	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER FORMS OF DYSPNEA	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	CARDIOVASCULAR	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	3		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Emergency Medicine		0		0	Approved	1
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Approved	27		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	GASTROENTEROLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Imaging Center	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	INTERNAL MEDICINE	Approved	9		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	NURSE PRACTITIONER	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PHYSICIAN ASSISTANT	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PULMONARY DISEASES	Approved	8		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PULMONARY DISEASES	Denied	5	Services are not medically necessary	5		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	SURGERY-HEAD AND NECK	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OTH DISEASES RESPIRATORY SYSTEM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	PROC & TX NOT CARRIED OUT PATIENTS UNS REASON	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	SIMPLE CHRONIC BRONCHITIS	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	FAMILY PRACTICE	Approved	14		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	GENERAL SURGERY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	INTERNAL MEDICINE	Approved	12		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	NURSE PRACTITIONER	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	PULMONARY DISEASES	Approved	5		0		0
LOWER EXTREMITY ORTHOSIS NOS	OTHER ENTHESOPATHY OF LEFT FOOT AND ANKLE	Ancillary	Approved	1		0		0
LOWER EXTREMITY ORTHOSIS NOS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
LOWER JAW BONE GRAFT	BENIGN NEOPLASM OF LOWER JAW BONE	Facility	Approved	1		0		0
LOWER JAW BONE GRAFT	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
LOWER JAW BONE GRAFT	ILLNESS, UNSPECIFIED	Facility	Approved	1		0		0
LOWER LIMB PROS VACUUM PUMP	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
LOWER LIMB PROS VACUUM PUMP	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, SUBS	Ancillary	Approved	2		0		0

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LOWER LIMB PROS VACUUM PUMP	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, SUBS	Ancillary	Denied	1	Services are not medically necessary	1		0
LOWER LIMB PROS VACUUM PUMP	COMPLETE TRAUMATIC AMPUTATION AT KNEE LEVEL, L LOW LEG, SUBS	Ancillary	Approved	2		0		0
LOWR EXTREMITY PROSTHES NOS	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
LOWR EXTREMITY PROSTHES NOS	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Ancillary	Approved	1		0		0
LOWR EXTREMITY PROSTHES NOS	ENCOUNTER FOR FIT/ADJST OF PARTIAL ARTIFICIAL RIGHT LEG	Ancillary	Denied	1	Services are not medically necessary	1		0
LOWR EXTREMITY PROSTHES NOS	NEUROFIBROMATOSIS, TYPE 1	Ancillary	Denied	1	Services are not medically necessary	1		0
LSH UTERUS ABOVE 250 G	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
LSH W/T/O UT 250 G OR LESS	ENDOMETRIOSIS OF UTERUS	Facility	Approved	1		0		0
LSH W/T/O UT 250 G OR LESS	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
LSH W/T/O UTERUS ABOVE 250 G	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	1		0		0
LSH W/T/O UTERUS ABOVE 250 G	POLYP OF CORPUS UTERI	Ancillary	Approved	1		0		0
LSO FLEX NO RI STAYS PRE OTS	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
LSO SC R ANT/POS PNL PRE CST	LUMBAGO WITH SCIATICA, LEFT SIDE	Ancillary	Approved	1		0		0
LT COMPRES BAND <3"/YD	CELLULITIS OF RIGHT LOWER LIMB	Ancillary	Approved	1		0		0
LT HEART CATH BY TRANSSEPTAL; EP & ABLATE SUPRAVENT ARRHYT; MODERATE SEDATION SERVICES; INITIAL 15	I45.6 - Pre-excitation syndrome; R07.89 - Other chest pain	Pediatric Cardiology	Approved	1		0		0
LUCEMYRA 0.18 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physical Medicine	Approved	1		0		0
LUCEMYRA 0.18 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
LUCEMYRA 0.18 MG TABLET	OPIOID DEPENDENCE WITH WITHDRAWAL	Pain Management	Approved	1		0		0
LUMBAR ARTIF DISCECTOMY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	ARTHRODESIS STATUS	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	ARTHRODESIS STATUS	Surgery, Orthopedic	Approved	1		0		0
LUMBAR SPINE FUSION	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	4		0		0
LUMBAR SPINE FUSION	CONGENITAL SPONDYLOLISTHESIS	Other	Approved	3		0		0
LUMBAR SPINE FUSION	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	2		0		0
LUMBAR SPINE FUSION	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	LOW BACK PAIN	Facility	Approved	3		0		0
LUMBAR SPINE FUSION	LOW BACK PAIN	Facility	Denied	2	Services are not medically necessary	2		0
LUMBAR SPINE FUSION	LOW BACK PAIN	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTH FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER BURSAL CYST, OTHER SITE	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Denied	2	Services are not medically necessary	2		0

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LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	2		0		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Other	Approved	2		0		0
LUMBAR SPINE FUSION	PAIN IN THORACIC SPINE	Other	Approved	1		0		0
LUMBAR SPINE FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Other	Approved	1		0		0
LUMBAR SPINE FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	Facility	Approved	4		0		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	SCIATICA, LEFT SIDE	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	SCIATICA, LEFT SIDE	Other	Approved	1		0		0
LUMBAR SPINE FUSION	SPINAL INSTABILITIES, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	SPINAL INSTABILITIES, LUMBAR REGION	Other	Approved	2		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	9		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	7	Services are not medically necessary	7		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Approved	4		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Denied	3	Services are not medically necessary	3		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Anesthesiology	Approved	1		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	3		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	4	Services are not medically necessary	4		0

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LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	General Practice	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Approved	2		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Denied	2	Services are not medically necessary	2		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Surgery, Orthopedic	Approved	1		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, SITE UNSPECIFIED	Other	Approved	1		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	7		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Other	Approved	8		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Other	Approved	2		0		0
LUMBAR SPINE FUSION	SPONDYLOLYSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	WEDGE COMPRESSION FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	LOW BACK PAIN	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	LOW BACK PAIN	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	3		0		0
LUMBAR SPINE FUSION COMBINED	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Other	Approved	2		0		0
LUMBAR SPINE FUSION COMBINED	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBOSACRAL REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	3	Services are not medically necessary	3		0
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Approved	2		0		0

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LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, LUMBAR REGION	Other	Approved	2		0		0
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED; INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) WITH INTEGRAL ANTERIO	M48.061 - Spinal stenosis, lumbar region without neurogenic claudication	Neurosurgery	Approved	1		0		0
LUMIGAN	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, BILATERAL	Psychiatry		0		0	Denied	1
LUMIGAN	Primary open-angle glaucoma, bilateral, mild stage	Pain Management		0		0	Approved	2
LUMIGAN	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, STAGE UNSPECIFIED	Family Medicine		0		0	Approved	1
LUMIGAN 0.01% EYE DROPS		Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS		Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	ACUTE ATOPIC CONJUNCTIVITIS, UNSPECIFIED EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	GLAUCOMA SECONDARY TO EYE INFLAM, RIGHT EYE, MILD STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	LOW-TENSION GLAUCOMA, BILATERAL, MODERATE STAGE	Optometry	Approved	1		0		0
LUMIGAN 0.01% EYE DROPS	OCULAR HYPERTENSION, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OCULAR HYPERTENSION, BILATERAL	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OCULAR HYPERTENSION, RIGHT EYE	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OPEN-ANGLE GLAUCOMA	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OTHER GENERAL SYMPTOMS AND SIGNS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, INDETERMINATE STAGE	Ophthalmology	Approved	1		0		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Approved	3		0		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Denied	2	Services are not medically necessary	2		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Optometry	Approved	2		0		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Optometry	Denied	6	Services are not medically necessary	6		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Optometry	Approved	3		0		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Optometry	Denied	2	Services are not medically necessary	2		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, STAGE UNSPECIFIED	Ophthalmology	Denied	1	Services are not medically necessary	1		0

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LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, SEVERE STAGE	Ophthalmology	Denied	2	Services are not medically necessary	2		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, STAGE UNSPECIFIED	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MILD STAGE	Optometry	Approved	1		0		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ophthalmology	Approved	1		0		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, SEVERE STAGE	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	UNSPECIFIED GLAUCOMA	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	UNSPECIFIED OPEN-ANGLE GLAUCOMA	Ophthalmology	Approved	1		0		0
LUMIGAN 0.01% EYE DROPS	UNSPECIFIED OPEN-ANGLE GLAUCOMA, STAGE UNSPECIFIED	Ophthalmology	Approved	2		0		0
LUMIGAN 0.01% EYE DROPS	UNSPECIFIED OPEN-ANGLE GLAUCOMA, STAGE UNSPECIFIED	Ophthalmology	Denied	4	Services are not medically necessary	4		0
LUMIGAN 0.01% EYE DROPS	UNSPECIFIED OPTIC NEURITIS	Ophthalmology	Approved	1		0		0
LUMIZYME INJECTION	FALL ON STAIR/STEP NEC	Ancillary	Approved	1		0		0
LUMIZYME INJECTION	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Ancillary	Approved	1		0		0
LUNESTA 3 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
LUNG TRANSPLANT DOUBLE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Facility	Approved	1		0		0
LUNG TRANSPLANT DOUBLE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
LUNG TRANSPLANT DOUBLE	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Facility	Approved	1		0		0
LUNG TRANSPLANT DOUBLE	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	1		0		0
LUNG TRANSPLANT WITH BYPASS	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Facility	Approved	3		0		0
LUNG TRANSPLANT WITH BYPASS	PERICARDIAL EFFUSION (NONINFLAMMATORY)	Facility	Approved	1		0		0
LUNG TRANSPLANT WITH BYPASS	PERSISTENT HYPERPLASIA OF THYMUS	Facility	Approved	1		0		0
LUNG TRANSPLANT WITH BYPASS	PNEUMONIA DUE TO PSEUDOMONAS	Facility	Approved	2		0		0
LUNG TRANSPLANT WITH BYPASS	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	2		0		0
LUNG TRANSPLANT WITH BYPASS	PRIMARY PULMONARY HYPERTENSION	Facility	Approved	1		0		0
LUNG TRANSPLANT WITH BYPASS	PULMONARY FIBROSIS, UNSPECIFIED	Facility	Approved	1		0		0
LUNG VENTILAT&PERFUS IMAGING	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	1		0		0
LUNG VENTILAT&PERFUS IMAGING	PULMONARY HYPERTENSION, UNSPECIFIED	Family Medicine	Approved	1		0		0
LUPANETA PK 11.25-5 MG 3MO KIT	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPO 11.25MG (LUPANETA)	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LUPRON DEPOT 11.25 MG 3MO KIT		Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	ANEMIA, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	ENDOMETRIOSIS	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	ENDOMETRIOSIS OF OVARY	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	ENDOMETRIOSIS OF UTERUS	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	4		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LUPRON DEPOT 11.25 MG 3MO KIT	LEIOMYOMA OF UTERUS, UNSPECIFIED	Obstetrics/Gynecology	Approved	2		0		0

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LUPRON DEPOT 11.25 MG 3MO KIT	OTHER IRON DEFICIENCY ANEMIAS	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	PELVIC AND PERINEAL PAIN	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LUPRON DEPOT 11.25MG	D25.9 - Leiomyoma of uterus, unspecified; N92.1 - Excessive and frequent menstruation with irregular cycle	OB/Gyn	Approved	1		0		0
LUPRON DEPOT 3.75 MG KIT	ENDOMETRIOSIS	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 3.75 MG KIT	ENDOMETRIOSIS OF UTERUS	Obstetrics/Gynecology	Approved	2		0		0
LUPRON DEPOT 3.75 MG KIT	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 3.75 MG KIT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 3.75 MG KIT	INTRAMURAL LEIOMYOMA OF UTERUS	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 3.75 MG KIT	LEIOMYOMA OF UTERUS, UNSPECIFIED	Obstetrics/Gynecology	Approved	3		0		0
LUPRON DEPOT 45 MG 6MO KIT	MALIGNANT NEOPLASM OF PROSTATE	Urology	Denied	1	Services are not medically necessary	1		0
LUPRON DEPOT 7.5 MG KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
LUPRON DEPOT-PED 11.25 MG 3MO	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Approved	1		0		0
LUPRON DEPOT-PED 11.25 MG KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Approved	1		0		0
LUPRON DEPOT-PED 15 MG KIT	OTHER HYPERFUNCTION OF PITUITARY GLAND	Pediatric Endocrinology	Approved	1		0		0
LUPRON DEPOT-PED 15 MG KIT	SHORT STATURE DUE TO ENDOCRINE DISORDER	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LUPRON DEPOT-PED 15 MG KIT	TRANSEXUALISM	Pediatric Endocrinology	Approved	1		0		0
LUPRON DEPOT-PED 30 MG 3MO KIT	ADRENOGENITAL DISORDERS	Pediatric Endocrinology	Approved	1		0		0
LUPRON DEPOT-PED 30 MG 3MO KIT	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LUPRON DEPOT-PED 30 MG 3MO KIT	OTHER HYPERFUNCTION OF PITUITARY GLAND	Pediatric Endocrinology	Approved	2		0		0
LUPRON DEPOT-PED 30 MG 3MO KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Approved	1		0		0
LUPRON DEPOT-PED 30 MG 3MO KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
LUPRON DEPOT-PED 7.5 MG KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Approved	1		0		0
LYMPH VESSEL X-RAY ARMS/LEGS	MALIGNANT NEOPLASM OF RIGHT OVARY	Facility	Approved	1		0		0
LYNPARZA 100 MG TABLET	MALIGNANT NEOPLASM OF LEFT OVARY	Gynecologic Oncology	Denied	1	Services are not medically necessary	1		0
LYNPARZA 150 MG TABLET		Hematology	Approved	1		0		0
LYNPARZA 150 MG TABLET	MALIGNANT NEOPLASM OF RIGHT OVARY	Oncology	Approved	1		0		0
LYRICA	MYALGIA	Obstetrics/Gynecology		0		0	Denied	1
LYRICA 100 MG CAPSULE	FIBROMYALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	FIBROMYALGIA	Rheumatology	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
LYRICA 100 MG CAPSULE	MONONEUROPATHY, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
LYRICA 100 MG CAPSULE	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	PERIPROSTH FRACTURE AROUND UNSP INTERNAL PROSTHETIC JOINT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	RADICULOPATHY, LUMBOSACRAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	RADICULOPATHY, LUMBOSACRAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
LYRICA 100 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	IDIOPATHIC PROGRESSIVE NEUROPATHY	Podiatry	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	Neurology	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	POLYNEUROPATHY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	POLYNEUROPATHY, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	POLYNEUROPATHY, UNSPECIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	RADICULOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	RESTLESS LEGS SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	SECONDARY MALIGNANT NEOPLASM OF BONE	Pain Management	Denied	1	Services are not medically necessary	1		0

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LYRICA 150 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 200 MG CAPSULE	DRY BERIBERI	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LYRICA 200 MG CAPSULE	FIBROMYALGIA	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 225 MG CAPSULE	FIBROMYALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 300 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 50 MG CAPSULE		Dermatology	Denied	1	Services are not medically necessary	1		0
LYRICA 50 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 50 MG CAPSULE	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 50 MG CAPSULE	RADICULOPATHY, CERVICAL REGION	Family Medicine	Denied	2	Services are not medically necessary	2		0
LYRICA 50 MG CAPSULE	RADICULOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 50 MG CAPSULE	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
LYRICA 50 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	CERVICALGIA	Neurology	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
LYRICA 75 MG CAPSULE	FIBROMYALGIA	Internal Medicine	Approved	1		0		0
LYRICA 75 MG CAPSULE	FIBROMYALGIA	Rheumatology	Denied	2	Services are not medically necessary	2		0
LYRICA 75 MG CAPSULE	MYALGIA	Psychiatry	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Neurology	Approved	1		0		0
LYRICA 75 MG CAPSULE	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Neurology	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	PAIN IN UNSPECIFIED JOINT	Family Medicine	Approved	1		0		0
LYRICA 75 MG CAPSULE	PARESTHESIA OF SKIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	POSTHERPETIC POLYNEUROPATHY	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	POSTHERPETIC TRIGEMINAL NEURALGIA	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	UNSPECIFIED MONONEUROPATHY OF RIGHT LOWER LIMB	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA CR 165 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
LYRICA CR 330 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Approved	1		0		0
LYSIS PENIL CIRCUMIC LESION	N48.89 - Other specified disorders of penis	Urology	Approved	1		0		0
LYSIS PENIL CIRCUMIC LESION	OTHER CONGENITAL MALFORMATION OF PENIS	Facility	Approved	1		0		0
LYSIS PENIL CIRCUMIC LESION	OTHER SPECIFIED DISORDERS OF PENIS	Facility	Approved	4		0		0
LYSTEDA 650 MG TABLET	IRREGULAR MENSTRUATION, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LYSTEDA 650 MG TABLET	PELVIC AND PERINEAL PAIN	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MACRILEN	HYPOPITUITARISM	Physician		0		0	Approved	1
MAGNETIC IMAGE BONE MARROW	ACUTE KIDNEY FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
MAGNETIC IMAGE BONE MARROW	MONOCLONAL GAMMOPATHY	Family Medicine	Approved	1		0		0
MAGNETIC IMAGE BONE MARROW	OTH ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CNSL	Family Medicine	Approved	1		0		0
MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Dermatology		0		0	Denied	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Other sprain of left hip, initial encounter	Pediatrics		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Sprain of other ligament of left ankle, initial encounter	Pediatrics		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	Physician Assistant		0		0	Denied	1

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MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	SUPERIOR GLENOID LABRUM LESION OF UNSPECIFIED SHOULDER, INITIAL ENCOUNTER	Surgery, Orthopedic		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	Headache	Pulmonary Disease		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	PARESTHESIA OF SKIN	Pediatric Endocrinology		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	CERVICALGIA	Neurology		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	CERVICALGIA	Pediatric Endocrinology		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	Low back pain	Urology		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Emergency Medicine		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	VITAMIN D DEFICIENCY, UNSPECIFIED	Emergency Medicine		0		0	Denied	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Other specified dorsopathies, lumbar region	Facility		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	RADICULOPATHY, LUMBAR REGION	Emergency Medicine		0		0	Denied	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	RADICULOPATHY, LUMBOSACRAL REGION	Pain Management		0		0	Approved	1
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	UNSPECIFIED FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	Physician Assistant		0		0	Approved	1
Magnetic resonance (eg, vibration) elastography	ABNORMAL SERUM ENZYME LEVEL UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance (eg, vibration) elastography	CHRONIC LOBULAR HEPATITIS NEC	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance (eg, vibration) elastography	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	1		0		0
Magnetic resonance (eg, vibration) elastography	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Magnetic resonance (eg, vibration) elastography	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance (eg, vibration) elastography	HEPATIC FIBROSIS	GASTROENTEROLOGY	Approved	1		0		0
Magnetic resonance (eg, vibration) elastography	NONALCOHOLIC STEATOHEPATITIS	HEPATOLOGY	Approved	1		0		0
Magnetic resonance (eg, vibration) elastography	PORTAL VEIN THROMBOSIS	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance (eg, vibration) elastography	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography with contrast, abdomen	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography with contrast, chest (excluding myocardium)	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography without contrast followed by with contrast, abdomen	NEW DAILY PERSISTENT HEADACHE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	CARDIOMEGALY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Unknown	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography without contrast followed by with contrast, lower extremity	PAIN IN RIGHT FOOT	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography without contrast, abdomen	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Magnetic resonance angiography without contrast, pelvis	SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Magnetic resonance imaging with contrast, breast; bilateral	LOCALIZED SWELLING MASS AND LUMP TRUNK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging with contrast, breast; bilateral	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	HYPERTROPHY OF BREAST	ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	MASTODYNIA	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Unspecified lump in unspecified breast	SURGEON - BREAST	Approved	1		0		0
MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	FIBROADENOSIS OF RIGHT BREAST	Physician Assistant		0		0	Approved	1
MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Hypertrophy of breast	Emergency Medicine		0		0	Approved	1
MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Personal history of in-situ neoplasm of breast	Allergy/Immunology		0		0	Denied	1
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ABN HISTOLOGICAL FIND IN OTH ORGN SYS & TISS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ABNORMAL RESULTS FUNCTION STUDIES OTH ORGN & SYS	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ABNORMAL RESULTS FUNCTION STUDIES OTH ORGN & SYS	SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	BREAST IMPLANT STATUS	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DIFFUSE CYSTIC MASTOPATHY OF LEFT BREAST	SURGERY	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DIFFUSE CYSTIC MASTOPATHY OF RIGHT BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DIFFUSE CYSTIC MASTOPATHY OF RIGHT BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DIFFUSE CYSTIC MASTOPATHY OF RIGHT BREAST	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DIFFUSE CYSTIC MASTOPATHY OF RIGHT BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DISORDER OF BREAST UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DISORDER OF BREAST UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DISORDER OF BREAST UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	DISORDER OF BREAST UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Encounter for prophylactic measures, unspecified	SURGERY-GENERAL	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER FOR SCREENING UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER NONPROCREATIVE SCR GENETIC DZ CARR STS	ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	INTERNAL MEDICINE	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	SURGERY-GENERAL	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	FAMILY PRACTICE	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	GENERAL SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	Imaging Center	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	Imaging Center	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	OBSTETRICS	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ENLARGED LYMPH NODES UNSPECIFIED	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY PRACTICE	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GENERAL SURGERY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	HOSPITAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Imaging Center	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Imaging Center	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	NURSE PRACTITIONER	Approved	2		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS & GYNECOLOGY	Approved	14		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS & GYNECOLOGY	Denied	5	Services are not medically necessary	5		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	Approved	7		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OTHER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGEON - BREAST	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGEON - BREAST	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY-GENERAL	Approved	6		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FIBROADENOSIS OF RIGHT BREAST	ONCOLOGY	Approved	2		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FIBROADENOSIS OF RIGHT BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FIBROADENOSIS OF UNSPECIFIED BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	GENERAL SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HEMATOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HOSPITAL	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	Imaging Center	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	INTERNAL MEDICINE	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	6		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	ONCOLOGY	Approved	5		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	SURGERY-GENERAL	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY OTHER MALIGNANT NEOPLASM	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	GENETIC SUSCEPTIBILITY OTHER MALIGNANT NEOPLASM	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	HYPERTROPHY OF BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	ILLNESS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	SURGERY-GENERAL	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	GENERAL SURGERY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	HEMATOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	PHYSICIAN ASSISTANT	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA SITU OF UNSPECIFIED BREAST	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LEAKAGE BREAST PROSTHESIS & IMPLANT INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LEAKAGE BREAST PROSTHESIS & IMPLANT INITIAL ENC	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LEAKAGE BREAST PROSTHESIS & IMPLANT SUBSQ	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LEAKAGE BREAST PROSTHESIS & IMPLANT SUBSQ	PLASTIC SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOBULAR CARCINOMA IN SITU OF LEFT BREAST	ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOBULAR CARCINOMA IN SITU OF UNSPECIFIED BREAST	HOSPITAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOBULAR CARCINOMA IN SITU OF UNSPECIFIED BREAST	Imaging Center	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOBULAR CARCINOMA IN SITU OF UNSPECIFIED BREAST	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOCALIZED SWELLING MASS AND LUMP TRUNK	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LOCALIZED SWELLING MASS AND LUMP TRUNK	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LONG TERM SELECTED ESTROGEN RECEPTOR MODULATORS	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	LYMPHOCYTE-RICH CLASSICAL HL UNSPECIFIED SITE	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	SURGERY-GENERAL	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-INNER QUAD UNS FEMALE BRST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	GENERAL SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD UNS FEMALE BRST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	GENERAL SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGEON - BREAST	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	3		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	SURGEON - BREAST	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	SURGERY-GENERAL	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST	ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HOSPITAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	NURSE PRACTITIONER	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	6		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	SURGERY-GENERAL	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	SURGERY-GENERAL	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	Approved	4		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	SURGERY-GENERAL	Approved	4		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	GENERAL SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Imaging Center	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY-GENERAL	Approved	6		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	FAMILY PRACTICE	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	GENERAL SURGERY	Approved	6		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	4		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	SURGERY-GENERAL	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MAMMO MICROCALCIFICATION FOUND ON DX IMAG BREAST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MAMMO MICROCALCIFICATION FOUND ON DX IMAG BREAST	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	HOSPITAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	Imaging Center	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	Imaging Center	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	SURGERY- PLASTIC	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MASTODYNIA	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	SURGERY-GENERAL	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NEUROFIBROMATOSIS TYPE 1	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NIPPLE DISCHARGE	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NIPPLE DISCHARGE	OBSTETRICS & GYNECOLOGY	Approved	2		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NIPPLE DISCHARGE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NIPPLE DISCHARGE	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NIPPLE DISCHARGE	SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NIPPLE DISCHARGE	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	FAMILY PRACTICE	Approved	4		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	INTERNAL MEDICINE	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	OBSTETRICS & GYNECOLOGY	Approved	8		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	ONCOLOGY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	RADIATION ONCOLOGY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	SURGEON - BREAST	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	SURGERY-GENERAL	Approved	4		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER BENIGN MAMMARY DYSPLASIAS OF LEFT BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER BENIGN MAMMARY DYSPLASIAS UNS BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER LONG TERM CURRENT DRUG THERAPY	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPEC TYPE CARCINOMA IN SITU UNS BREAST	HEMATOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED DISORDERS OF BREAST	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED DISORDERS OF BREAST	SURGEON - BREAST	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	GYNECOLOGY	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	NURSE PRACTITIONER	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	SURGEON - BREAST	Approved	5		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	SURGERY-GENERAL	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PAIN UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY OF IN-SITU NEOPLASM OF BREAST	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	GENERAL SURGERY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	ORTHOPEDIC SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	PLASTIC SURGERY	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGEON - BREAST	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGERY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGERY-GENERAL	Approved	6		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PRURITUS UNSPECIFIED	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	SEC & UNS MALIG NEO AXILLA & UP LIMB LYMPH NODES	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	SECONDARY MALIGNANT NEOPLASM OTH SPECIFIED SITES	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	SOLITARY CYST OF RIGHT BREAST	SURGERY- PLASTIC	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unknown	FAMILY PRACTICE	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unknown	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNS BENIGN MAMMARY DYSPLASIA UNSPECIFIED BREAST	SURGERY	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNS BENIGN MAMMARY DYSPLASIA UNSPECIFIED BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNSPECIFIED BENIGN MAMMARY DYSPLASIA LEFT BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNSPECIFIED BENIGN MAMMARY DYSPLASIA LEFT BREAST	SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNSPECIFIED BENIGN MAMMARY DYSPLASIA LEFT BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNSPECIFIED BENIGN MAMMARY DYSPLASIA RT BREAST	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNSPECIFIED BENIGN MAMMARY DYSPLASIA RT BREAST	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in right breast, subareolar	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the left breast, unspecified quadrant	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the left breast, unspecified quadrant	SURGERY- PLASTIC	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the left breast, upper inner quadrant	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the right breast, unspecified quadrant	GENERAL SURGERY	Approved	2		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the right breast, unspecified quadrant	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the right breast, unspecified quadrant	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the right breast, upper outer quadrant	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in the right breast, upper outer quadrant	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	NURSE PRACTITIONER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	ONCOLOGY	Approved	3		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	OTHER	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	SURGEON - BREAST	Approved	1		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	SURGERY-GENERAL	Approved	4		0		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Unspecified lump in unspecified breast	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNSPECIFIED TYPE CARCINOMA IN SITU LEFT BREAST	GENERAL SURGERY	Approved	1		0		0

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Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	UNSPECIFIED TYPE CARCINOMA IN SITU UNS BREAST	GENERAL SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	BREAST IMPLANT STATUS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without contrast material; bilateral	CAPSULAR CONTRACTURE BREAST IMPLANT SUBSQT ENC	PLASTIC SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without contrast material; bilateral	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	INCONCLUSIVE MAMMOGRAM	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	LEAKAGE BREAST PROSTHESIS & IMPLANT INITIAL ENC	PLASTIC SURGERY	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	MASTODYNIA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without contrast material; bilateral	MASTODYNIA	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without contrast material; bilateral	PERSONAL HISTORY OF BREAST IMPLANT REMOVAL	PAIN MANAGEMENT	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	UNS COMP INTRL PROSTH DEVICE IMPL GRAFT INIT ENC	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; unilateral	BENIGN NEOPLASM OF LEFT BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; unilateral	Unspecified lump in the left breast, unspecified quadrant	INTERNAL MEDICINE	Approved	1		0		0
MAKENA	Supervision of pregnancy with history of pre-term labor, second trimester	Family Medicine		0		0	Denied	1
MAKENA 1,250 MG/5 ML VIAL	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA 250 MG/ML VIAL		Obstetrics/Gynecology	Approved	1		0		0
MAKENA 250 MG/ML VIAL	PERSONAL HISTORY OF PRE-TERM LABOR	Obstetrics/Gynecology	Approved	1		0		0
MAKENA 250 MG/ML VIAL	PERSONAL HISTORY OF PRE-TERM LABOR	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA 250 MG/ML VIAL	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
MAKENA 275 MG/1.1 ML AUTOINJCT	PERSONAL HISTORY OF PRE-TERM LABOR	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, SECOND TRIMESTER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Obstetrics/Gynecology	Approved	3		0		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Obstetrics/Gynecology	Approved	3		0		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA, 10 MG	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Ancillary	Approved	1		0		0
MAKENA, 10 MG	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	3		0		0

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MAKENA, 10 MG	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, THIRD TRIMESTER	Ancillary	Approved	1		0		0
MAKENA, 10 MG	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
MAKENA, 10 MG	FALSE LABOR, UNSPECIFIED	Ancillary	Approved	1		0		0
MAKENA, 10 MG	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	1		0		0
MAKENA, 10 MG	INCOMPETENCE OF CERVIX UTERI	Ancillary	Denied	1	Services are not medically necessary	1		0
MAKENA, 10 MG	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	2		0		0
MAKENA, 10 MG	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	Ancillary	Approved	2		0		0
MAKENA, 10 MG	PERSONAL HISTORY OF PRE-TERM LABOR	Ancillary	Approved	4		0		0
MAKENA, 10 MG	PERSONAL HISTORY OF PRE-TERM LABOR	Ancillary	Denied	2	Services are not medically necessary	2		0
MAKENA, 10 MG	PREG CARE FOR PATIENT W RECUR PREG LOSS, SECOND TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
MAKENA, 10 MG	PRETERM LABOR W PRETERM DELIVERY, UNSP TRIMESTER, UNSP	Family Medicine	Approved	1		0		0
MAKENA, 10 MG	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
MAKENA, 10 MG	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Obstetrics/Gynecology	Approved	1		0		0
MAKENA, 10 MG	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, FIRST TRIMESTER	Ancillary	Approved	1		0		0
MAKENA, 10 MG	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, SECOND TRIMESTER	Ancillary	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	Ancillary	Approved	3		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	Facility	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	Women's Hlth Nurse Practitioner	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Ancillary	Approved	9		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Ancillary	Denied	2	Services are not medically necessary	2		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Obstetrics/Gynecology	Approved	2		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	Ancillary	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	Facility	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Ancillary	Approved	5		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Ancillary	Denied	2	Services are not medically necessary	2		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Maternal And Fetal Medicine	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA, 10 MG	SUPRVSN OF PREG WITH HISTORY OF ECTOPIC PREG, FIRST TRI	Ancillary	Approved	1		0		0
MALARONE 250-100 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Family Medicine	Denied	1	Services are not medically necessary	1		0
MALARONE 250-100 MG TABLET	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MALARONE 250-100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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MALARONE 250-100 MG TABLET	OTHER SPECIFIED HEALTH STATUS	Family Medicine	Approved	1		0		0
MAN W/C PUSH-RIM POWR SYSTEM	MUSCULAR DYSTROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
MAN W/C PUSH-RIM POWR SYSTEM	OTHER MUSCLE SPASM	Ancillary	Approved	1		0		0
MAN W/C PUSH-RIM POWR SYSTEM	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
MANIPULATE WRIST W/ANESTHES	STIFFNESS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	Pain in right ankle and joints of right foot	Internal Medicine		0		0	Denied	1
MANIPULATION OF HIP JOINT	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	ANKYLOSIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	3		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	ANKYLOSIS LEFT KNEE	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	CONTRACTURE RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	CONTRACTURE UNSPECIFIED KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	FIBROS INTRL ORTHO PROSTH DEVC IMPL GFT SUB ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Fibrosis due to other internal prosthetic devices, implants and grafts, subsequent encounter	SURGERY-ORTHOPEdic	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	OTH MECH COMP INTERNAL LT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	PLICA SYNDROME RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	SPONTANEOUS RUPTURE OTHER TENDONS LEFT LOWER LEG	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	STIFFNESS OF RIGHT KNEE NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	STIFFNESS OF UNSPECIFIED JOINT NEC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	Stiffness of unspecified joint, not elsewhere classified	Family Medicine		0		0	Denied	1
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	Adhesive capsulitis of left shoulder	Physician Assistant		0		0	Approved	1
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	3		0		0

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Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	OTH INJURY MUSC TEND ROTAT CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MANNITOL FOR INHALER	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
MANNITOL INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	2		0		0
MANUAL BREAST PUMP	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
MANUAL THERAPY 1/> REGIONS	CERVICALGIA	Ancillary	Approved	1		0		0
MANUAL THERAPY 1/> REGIONS	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
MANUAL THERAPY 1/> REGIONS	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
MANUAL THERAPY 1/> REGIONS	OCCIPITAL NEURALGIA	Chiropractic	Denied	1	Services are not medically necessary	1		0
MANUAL THERAPY 1/> REGIONS	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
MANUAL THERAPY 1/> REGIONS	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
MANUAL THERAPY 1/> REGIONS	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
MANUAL THERAPY 1/> REGIONS	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
MANUAL THERAPY; COMPLEX LYMPHEDEMA THERAPY, ; OFFICE/OUTPATIENT VISIT, NEW	C50.411, Z17.0 - Malignant neoplasm of upper-outer quadrant of right breast in female, estrogen receptor positive (HCC)	Hematology/Oncology	Approved	1		0		0
MANUAL THERAPY; VASOPNEUMATIC DEVICE THERAPY; THERAPEUTIC EXERCISES; PHYSICAL PERFORMANCE TEST; AP	I89.0 - Lymphedema, not elsewhere classified	Chiropractic	Approved	1		0		0
MARSUPIALIZATION OF BARTHOLINS GLAND CYST	N75.1 - Abscess of Bartholin's gland	OB/Gyn	Approved	1		0		0
MAST MOD RAD	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST MOD RAD	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MAST MOD RAD	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST MOD RAD	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MAST MOD RAD	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
MAST RADICAL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	2		0		0

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MAST SIMPLE COMPLETE	ACUTE CHOLECYSTITIS	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	DUAL ROLE TRANSVESTISM	Ancillary	Approved	1		0		0
MAST SIMPLE COMPLETE	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	GENDER IDENTITY DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	8		0		0
MAST SIMPLE COMPLETE	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	INFLAMMATORY DISORDERS OF BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	4		0		0
MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Other	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Surgery, General	Approved	1		0		0
MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	4		0		0
MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Other	Denied	2	Services are not medically necessary	2		0
MAST SIMPLE COMPLETE	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	LOBULAR CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Other	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	4		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Other	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	8		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	6		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Other	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Facility	Approved	1		0		0

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MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	6		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	6		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Other	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	5		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Internal Medicine	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED MALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	9		0		0
MAST SIMPLE COMPLETE	MASTITIS WITHOUT ABSCESS	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED BREAST	Other	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	5		0		0
MAST SIMPLE COMPLETE	TRANSSEXUALISM	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	TRANSSEXUALISM	Facility	Denied	1	Services are not medically necessary	1		0
MAST SIMPLE COMPLETE	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL ENCOUNTER	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	UNSPECIFIED OPEN WOUND OF RIGHT BREAST, SEQUELA	Facility	Approved	1		0		0
MAST SUBQ	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST SUBQ	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
MAST SUBQ	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST SUBQ	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
MAST SUBQ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MASTECTOMY BRA	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Ancillary	Approved	1		0		0
MASTECTOMY BRA	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Ancillary	Approved	2		0		0
MASTECTOMY BRA	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	3		0		0
MASTECTOMY BRA	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0

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MASTECTOMY BRA	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MASTECTOMY BRA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MASTECTOMY BRA	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	2		0		0
MASTECTOMY BRA	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
MASTECTOMY BRA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Approved	1		0		0
MASTECTOMY BRA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	7		0		0
MASTECTOMY BRA	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Ancillary	Approved	1		0		0
MASTECTOMY SLEEVE	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
MATULANE 50 MG CAPSULE		Neurology	Approved	1		0		0
MATULANE 50 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Hematology	Approved	2		0		0
MAVENCLAD	Multiple sclerosis	Allergy/Immunology		0		0	Approved	1
MAVENCLAD 10 MG X 10 TABLET PK	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
MAVENCLAD 10 MG X 10 TABLET PK	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
MAVYRET	CHRONIC VIRAL HEPATITIS C	Pediatric Endocrinology		0		0	Approved	1
MAVYRET 100-40 MG TABLET	CHRONIC HEPATITIS, UNSPECIFIED	Gastroenterology	Approved	1		0		0
MAVYRET 100-40 MG TABLET	CHRONIC HEPATITIS, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	22		0		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	4	Services are not medically necessary	4		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Infectious Disease	Approved	1		0		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Infectious Disease	Denied	1	Services are not medically necessary	1		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Internal Medicine	Approved	4		0		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Physician	Approved	1		0		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Physician Assistant	Approved	1		0		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Surgery, General	Approved	1		0		0
MAVYRET 100-40 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Approved	1		0		0
MAVYRET 100-40 MG TABLET	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
MAYZENT	Multiple sclerosis	Surgery, Orthopedic		0		0	Approved	1
MAYZENT 2 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
MCP JOINT ARTHROSCOPY SURG	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
MDFC FLAP W/PRSRV VASC PEDCL	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	Ancillary	Approved	1		0		0
MDFC FLAP W/PRSRV VASC PEDCL	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK	Ancillary	Approved	1		0		0
MDFC FLAP W/PRSRV VASC PEDCL	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	ATELECTASIS	Family Medicine	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Ancillary	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Family Medicine	Approved	2		0		0
MEASURE BLOOD OXYGEN LEVEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	12		0		0
MEASURE BLOOD OXYGEN LEVEL	OTHER FORMS OF DYSPNEA	Family Medicine	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	PRIMARY CENTRAL SLEEP APNEA	Family Medicine	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	SNORING	Family Medicine	Approved	2		0		0
MEASURE BLOOD OXYGEN LEVEL	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	Family Medicine	Approved	1		0		0
MEASURE BLOOD OXYGEN LEVEL	VENTRICULAR PREMATURE DEPolarIZATION	Family Medicine	Approved	1		0		0

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MECASERMIN INJECTION	SHORT STATURE DUE TO ENDOCRINE DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MECHANICAL TRACTION THERAPY	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
MECLIZINE 12.5 MG CAPLET	DIZZINESS AND GIDDINESS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MECLIZINE 12.5 MG CAPLET	MOTION SICKNESS, INITIAL ENCOUNTER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MECLIZINE 25 MG TABLET	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MECLIZINE 25 MG TABLET	DIZZINESS AND GIDDINESS	Neurology	Denied	1	Services are not medically necessary	1		0
MECLIZINE 25 MG TABLET	DIZZINESS AND GIDDINESS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MECLIZINE 25 MG TABLET	DIZZINESS AND GIDDINESS	Physician	Denied	1	Services are not medically necessary	1		0
MECP2 GENE DUP/DELET VARIANT	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Facility	Approved	1		0		0
MECP2 GENE FULL SEQ	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
MECP2 GENE FULL SEQ	FALL FROM PLAYGRND EQUIP	Ancillary	Denied	3	Services are not medically necessary	3		0
MECP2 GENE FULL SEQ	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MECP2 GENE FULL SEQ	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
MECP2 GENE FULL SEQ	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Facility	Approved	1		0		0
MECP2 GENE FULL SEQ	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Denied	1	Services are not medically necessary	1		0
MED NUTRITION INDIV SUBSEQ	FEEDING DIFFICULTIES	Family Medicine	Approved	1		0		0
MEDIASTINOSCPY W/LMPH NOD BX	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
MEDICAL NUTRITION INDIV IN	ABNORMAL WEIGHT LOSS	HOSPITAL	Approved	2		0		0
MEDICAL NUTRITION INDIV IN	FEEDING DIFFICULTIES	Family Medicine	Approved	1		0		0
MEDROXYPROGESTERONE 150 MG/ML	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MEDROXYPROGESTERONE 150 MG/ML	IRREGULAR MENSTRUATION, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	Pediatrics	Denied	1	Services are not medically necessary	1		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Pediatrics	Denied	3	Services are not medically necessary	3		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Pediatrics	Denied	3	Services are not medically necessary	3		0
MEFLOQUINE HCL 250 MG TABLET	OTH PROBLEMS RELATED TO PSYCHOSOCIAL CIRCUMSTANCES	Physician	Denied	1	Services are not medically necessary	1		0
MEFLOQUINE HCL 250 MG TABLET	UNSPECIFIED MALARIA	Pediatrics	Denied	1	Services are not medically necessary	1		0
MEGESTROL ACET 40 MG/ML SUSP	CACHEXIA	Internal Medicine	Approved	1		0		0
MEKINIST 2 MG TABLET	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
MEKINIST 2 MG TABLET	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Oncology	Approved	1		0		0
MEKINIST 2 MG TABLET	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	Hematology	Approved	1		0		0

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MEKINIST 2 MG TABLET	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	Oncology	Approved	1		0		0
MEKTOVI 15 MG TABLET		Hematology	Approved	1		0		0
MEKTOVI 15 MG TABLET		Oncology	Approved	1		0		0
MEKTOVI 15 MG TABLET	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
MEMODERM/DERMA/TRANZ/INTEGUP	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Anesthesia, Certified RN	Approved	1		0		0
MENOPUR 75 UNIT VIAL	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
MENOPUR 75 UNIT VIAL	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	4	Services are not medically necessary	4		0
MENOPUR 75 UNIT VIAL	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	2		0		0
MENOPUR 75 UNIT VIAL	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
MENOPUR 75 UNIT VIAL	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	2	Services are not medically necessary	2		0
MENTAL HEALTH GROUP THERAPY	Illness, unspecified	Behavioral Health Provider	Approved	1		0		0
MENTAL HEALTH GROUP THERAPY	Major depressv disorder, single episode, in partial remis	Behavioral Health Provider	Approved	1		0		0
MENTAL HEALTH INDIVIDUAL AND FAMILY THERAPY	Anorexia nervosa, restricting type	Behavioral Health Provider	Approved	1		0		0
MENTAL HEALTH INDIVIDUAL AND FAMILY THERAPY	Illness, unspecified	Behavioral Health Provider	Approved	8		0		0
MENTAL HEALTH INDIVIDUAL AND FAMILY THERAPY	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Bipolar disord, crnt episode manic severe w psych features	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Bipolar disord, crnt epsd depress, sev, w/o psych features	Behavioral Health Facility	Approved	4		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Bipolar disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Disruptive mood dysregulation disorder	Behavioral Health Facility	Approved	4		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Generalized anxiety disorder	Behavioral Health Facility	Approved	2		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Major depressive disorder, recurrent, moderate	Behavioral Health Facility	Approved	2		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Major depressive disorder, single episode, unspecified	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Major depressv disord, single epsd, sev w/o psych features	Behavioral Health Facility	Approved	2		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Approved	17		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Major depressv disorder, recurrent, severe w psych symptoms	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Post-traumatic stress disorder, unspecified	Behavioral Health Facility	Approved	2		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Schizoaffective disorder, bipolar type	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM	Unspecified mood [affective] disorder	Behavioral Health Facility	Approved	1		0		0

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MEPERIDINE 100 MG TABLET	OTHER CHRONIC PAIN	Internal Medicine	Approved	1		0		0
MERCAPTOPURINE 50 MG	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	1		0		0
MESNA INJECTION	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
METACARP FX ORTHOSIS PRE OTS	DISP FX OF NECK OF UNSP METACARPAL BONE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
METANX CAPSULE	HOMOCYSTINURIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
Metastases (Non-Bone/Brain)	Malignant carcinoid tumor of the bronchus and lung	RADIATION ONCOLOGY	Approved	1		0		0
Metastases (Non-Bone/Brain)	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	RADIATION ONCOLOGY	Approved	1		0		0
Metastases (Non-Bone/Brain)	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Other	Approved	1		0		0
Metastases (Non-Bone/Brain)	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of left adrenal gland	RADIATION ONCOLOGY	Approved	1		0		0
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of liver and intrahepatic bile duct	Other	Approved	1		0		0
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of liver and intrahepatic bile duct	RADIATION ONCOLOGY	Approved	1		0		0
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of liver and intrahepatic bile duct	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of right lung	Other	Denied	1	Services are not medically necessary	1		0
METATARSAL JOINT IMPLANT	HALLUX RIGIDUS, RIGHT FOOT	Ancillary	Approved	1		0		0
METATARSAL JOINT IMPLANT	PAIN IN RIGHT FOOT	Facility	Denied	1	Services are not medically necessary	1		0
METFORMIN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Dermatology		0		0	Denied	1
METFORMIN ER 1,000 MG GASTR-TB	DIETARY COUNSELING AND SURVEILLANCE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	DIETARY COUNSELING AND SURVEILLANCE	Urology	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS	Internal Medicine	Approved	1		0		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	3	Services are not medically necessary	3		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
METFORMIN ER 1,000 MG OSM-TAB	POLYCYSTIC OVARIAN SYNDROME	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	3	Services are not medically necessary	3		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	2		0		0
METFORMIN ER 500 MG GASTRC-TB	IMPAIRED FASTING GLUCOSE	Family Medicine	Approved	1		0		0
METFORMIN ER 500 MG GASTRC-TB	IMPAIRED FASTING GLUCOSE	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG GASTRC-TB	IMPAIRED GLUCOSE TOLERANCE (ORAL)	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG GASTRC-TB	OTHER ABNORMAL GLUCOSE	Emergency Medicine	Approved	1		0		0
METFORMIN ER 500 MG GASTRC-TB	POLYCYSTIC OVARIAN SYNDROME	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG GASTRC-TB	PREDIABETES	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG GASTRC-TB	PREDIABETES	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG GASTRC-TB	TYPE 2 DIAB W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA (NKHHC)	Family Medicine	Denied	1	Services are not medically necessary	1		0

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METFORMIN ER 500 MG GASTRC-TB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG GASTRC-TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
METFORMIN ER 500 MG GASTRC-TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
METFORMIN ER 500 MG OSMOTIC TB	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG OSMOTIC TB	IRREGULAR MENSTRUATION, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
METHADONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
METHADONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Psychiatry	Approved	1		0		0
METHADONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Psychiatry	Denied	1	Services are not medically necessary	1		0
METHADONE HCL 10 MG TABLET	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
METHADONE HCL 10 MG TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
METHADONE HCL 10 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	1		0		0
METHADONE HCL 10 MG TABLET	NEUROFIBROMATOSIS, TYPE 1	Emergency Medicine	Approved	1		0		0
METHADONE HCL 10 MG TABLET	OSTEOGENESIS IMPERFECTA	Physician	Denied	1	Services are not medically necessary	1		0
METHADONE HCL 10 MG TABLET	OTHER CHRONIC PAIN	Anesthesiology	Approved	1		0		0
METHADONE HCL 10 MG TABLET	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
METHADONE HCL 10 MG TABLET	OTHER CHRONIC PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
METHADONE HCL 10 MG TABLET	OTHER CHRONIC PAIN	Physician Assistant	Approved	1		0		0
METHADONE HCL 10 MG TABLET	OTHER CHRONIC PANCREATITIS	Pain Management	Approved	1		0		0
METHADONE HCL 10 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Medicine	Approved	1		0		0
METHADONE HCL 5 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
METHADONE HCL 5 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	1		0		0
METHADONE HCL 5 MG TABLET	NEUROFIBROMATOSIS, UNSPECIFIED	Physical Medicine	Approved	1		0		0
METHADONE HCL 5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
METHADONE HCL 5 MG TABLET	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Pain Management	Approved	1		0		0
METHADONE HCL 5 MG TABLET	RADICULOPATHY, CERVICAL REGION	Physician	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	7		0		0
METHOTREXATE 2.5 MG TABLET	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Rheumatology	Approved	2		0		0
METHOTREXATE 2.5 MG TABLET	INFLAMMATORY POLYARTHROPATHY	Rheumatology	Approved	8		0		0
METHOTREXATE 2.5 MG TABLET	INFLAMMATORY POLYARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
METHOTREXATE 2.5 MG TABLET	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SITE	Pediatric Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Pediatric Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	JUVENILE RHEUMATOID POLYARTHROPATHY (SERONEGATIVE)	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	LEFT SIDED COLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	LOCALIZED SCLERODERMA [MORPHEA]	Dermatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	OTHER DORSALGIA	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE	Pediatric Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	OTHER LONG TERM (CURRENT) DRUG THERAPY	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	PAPULOSQUAMOUS DISORDERS IN DISEASES CLASSIFIED ELSEWHERE	Rheumatology	Approved	2		0		0
METHOTREXATE 2.5 MG TABLET	POLYMYALGIA RHEUMATICA	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	PSORIASIS VULGARIS	Dermatology	Approved	5		0		0
METHOTREXATE 2.5 MG TABLET	PSORIASIS, UNSPECIFIED	Dermatology	Approved	3		0		0
METHOTREXATE 2.5 MG TABLET	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
METHOTREXATE 2.5 MG TABLET	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	1		0		0

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METHOTREXATE 2.5 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	14		0		0
METHOTREXATE 2.5 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR OF UNSP SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	9		0		0
METHOTREXATE 2.5 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	9		0		0
METHOTREXATE 2.5 MG TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	5		0		0
METHOTREXATE 2.5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	2		0		0
METHOTREXATE 2.5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	30		0		0
METHOTREXATE 2.5 MG TABLET	SARCOIDOSIS OF LUNG	Pulmonary Disease	Approved	3		0		0
METHOTREXATE 2.5 MG TABLET	SARCOIDOSIS, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	SARCOIDOSIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
METHOTREXATE 2.5 MG TABLET	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Rheumatology	Denied	1	Services are not medically necessary	1		0
METHOTREXATE 2.5 MG TABLET	UNSPECIFIED CHORIORETINAL INFLAMMATION, UNSPECIFIED EYE	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED	Rheumatology	Approved	1		0		0
METHOTREXATE 2.5 MG TABLET	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Rheumatology	Approved	3		0		0
METHOTREXATE 50 MG/2 ML VIAL	LOCALIZED SCLERODERMA [MORPHEA]	Pediatrics	Approved	1		0		0
METHOTREXATE 50 MG/2 ML VIAL	PSORIATIC SPONDYLITIS	Rheumatology	Approved	1		0		0
METHOTREXATE 50 MG/2 ML VIAL	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
METHOTREXATE 50 MG/2 ML VIAL	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
METHOTREXATE SODIUM INJ	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
METHOTREXATE SODIUM INJ	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	2		0		0
METHOTREXATE SODIUM INJ	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	Family Medicine	Approved	1		0		0
METHYLIN 5 MG/5 ML SOLUTION	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatrics	Approved	1		0		0
METHYLPHENIDATE CD 10 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
METHYLPHENIDATE CD 20 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
METHYLPHENIDATE CD 20 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
METHYLPHENIDATE CD 30 MG CAP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
METHYLPHENIDATE ER 27 MG TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
METHYLPHENIDATE ER 27 MG TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Denied	1	Services are not medically necessary	1		0
METHYLPHENIDATE ER 27 MG TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
METHYLPHENIDATE ER 27 MG TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0

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METHYLPHENIDATE ER 36 MG TAB	ATTN-DEFECT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
METHYLPHENIDATE ER 36 MG TAB	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
METHYLPHENIDATE LA 20 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Family Medicine	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	EARLY CONGENITAL SYPHILITIC OSTEOCHONDROPATHY	Family Medicine	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	G35 - Multiple sclerosis	Neurology	Approved	2		0		0
METHYLPREDNISOLONE INJECTION	M62.81 - Muscle weakness (generalized)	Neurology	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	4		0		0
METHYLPREDNISOLONE INJECTION	MULTIPLE SCLEROSIS	Family Medicine	Approved	3		0		0
METHYLPREDNISOLONE INJECTION	MUSCLE WEAKNESS (GENERALIZED)	Family Medicine	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	NEUROMYELITIS OPTICA [DEVIC]	Family Medicine	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	PEMPHIGUS VULGARIS	Family Medicine	Approved	2		0		0
METHYLPREDNISOLONE INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Medicine	Approved	1		0		0
METHYLPREDNISOLONE INJECTION	UNSPECIFIED JAUNDICE	Family Medicine	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Facility	Approved	19		0		0
MH PARTIAL HOSP TX UNDER 24H	ANOREXIA NERVOSA, RESTRICTING TYPE	Ancillary	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	ANOREXIA NERVOSA, RESTRICTING TYPE	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	ANXIETY DISORDER, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
MH PARTIAL HOSP TX UNDER 24H	AUTISTIC DISORDER	Facility	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	Facility	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	BINGE EATING DISORDER	Facility	Approved	7		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Ancillary	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Facility	Approved	21		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEVERE, W PSYCH FEATURES	Facility	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORDER, UNSPECIFIED	Facility	Approved	3		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR II DISORDER	Ancillary	Approved	3		0		0
MH PARTIAL HOSP TX UNDER 24H	BULIMIA NERVOSA	Facility	Approved	23		0		0
MH PARTIAL HOSP TX UNDER 24H	BULIMIA NERVOSA	Facility	Denied	1	Services are not medically necessary	1		0
MH PARTIAL HOSP TX UNDER 24H	DISRUPTIVE MOOD DYSREGULATION DISORDER	Facility	Approved	17		0		0
MH PARTIAL HOSP TX UNDER 24H	DISRUPTIVE MOOD DYSREGULATION DISORDER	Facility	Denied	1	Services are not medically necessary	1		0
MH PARTIAL HOSP TX UNDER 24H	GENERALIZED ANXIETY DISORDER	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Facility	Approved	6		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Facility	Denied	1	Services are not medically necessary	1		0

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MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Facility	Approved	8		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Facility	Approved	5		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	3		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Facility	Approved	7		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEVERE W PSYCH FEATURES	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Ancillary	Approved	12		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Facility	Approved	137		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Facility	Denied	6	Services are not medically necessary	6		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Neurology	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	3		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Ancillary	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Facility	Approved	8		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Family Medicine	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	OPPOSITIONAL DEFIANT DISORDER	Ancillary	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Ancillary	Approved	5		0		0
MH PARTIAL HOSP TX UNDER 24H	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Facility	Approved	10		0		0
MH PARTIAL HOSP TX UNDER 24H	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Facility	Approved	12		0		0
MICAFUNGIN SODIUM INJECTION	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
MICARDIS HCT 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	1	Services are not medically necessary	1		0
MICONAZOLE-ZINC-PETRO 0.25-15%	ATOPIC DERMATITIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
MICONAZOLE-ZINC-PETRO 0.25-15%	CANDIDIASIS OF SKIN AND NAIL	Pediatrics	Approved	1		0		0
MICONAZOLE-ZINC-PETRO 0.25-15%	DERMATITIS, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
MICROPROCESSOR CONTROL UPLMB	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	Ancillary	Approved	1		0		0
MICROPROCESSOR CONTROL UPLMB	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	FEVER, UNSPECIFIED	Facility	Approved	1		0		0
MICROSATELLITE INSTABILITY	GENERALIZED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	INTRAHEPATIC BILE DUCT CARCINOMA	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	LIVER CELL CARCINOMA	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT CARCINOID TUMOR OF THE SM INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0

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MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	5	Services are not medically necessary	5		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF CECUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF PARIETAL LOBE	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	3	Services are not medically necessary	3		0
MICROSATELLITE INSTABILITY	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Ancillary	Approved	1		0		0
MICROSATELLITE INSTABILITY	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSURGERY ADD-ON	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Denied	1	Services are not medically necessary	1		0
MICROSURGERY ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
MICROSURGERY ADD-ON; EXCISE INTRASPINAL LESION	M48.062 - Spinal stenosis, lumbar region with neurogenic claudication	Neurosurgery	Approved	1		0		0
MIDDLE EAR SURGERY PROCEDURE	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	CHRONIC SEROUS OTITIS MEDIA, RIGHT EAR	Facility	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	DEVIATED NASAL SEPTUM	Facility	Denied	2	Services are not medically necessary	2		0
MIDDLE EAR SURGERY PROCEDURE	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	NASAL CONGESTION	Facility	Approved	1		0		0
MIDDLE EAR SURGERY PROCEDURE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Facility	Denied	2	Services are not medically necessary	2		0
MIDDLE EAR SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR	Facility	Approved	1		0		0
MIDDLE EAR SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, RIGHT EAR	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	SINUS BAROTRAUMA, INITIAL ENCOUNTER	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR	Ancillary	Approved	1		0		0
MIGRANAL NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
MIGRANAL NASAL SPRAY	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
MINIVELLE 0.1 MG PATCH	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION	Reproductive Endocrinology/Infertility	Approved	1		0		0
MINIVELLE 0.1 MG PATCH	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0

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MINOLIRA ER 105 MG TABLET	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
MINOLIRA ER 135 MG TABLET	ACNE VULGARIS	Dermatology	Denied	6	Services are not medically necessary	6		0
MIRAPEX 1.5 MG TABLET	PARKINSON'S DISEASE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MIRCERA 100 MCG/0.3 ML SYRINGE	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
MIRCERA 50 MCG/0.3 ML SYRINGE	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	1		0		0
MIRCERA 75 MCG/0.3 ML SYRINGE	ANEMIA, UNSPECIFIED	Nephrology	Denied	1	Services are not medically necessary	1		0
MIRENA, 52 MG	PRIMARY DYSMENORRHEA	Family Medicine	Approved	1		0		0
MIRVASO 0.33% GEL	ROSACEA, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
MIRVASO 0.33% GEL PUMP	OTHER ROSACEA	Dermatology	Denied	1	Services are not medically necessary	1		0
MIRVASO 0.33% GEL PUMP	ROSACEA, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
MITOCHONDRIAL GENE	AUTISTIC DISORDER	Ancillary	Approved	1		0		0
MITOMYCIN INJECTION	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, SEVERE STAGE	Ancillary	Approved	1		0		0
MITOMYCIN INJECTION	SNORING	Family Medicine	Approved	1		0		0
MLH1 GENE	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	7		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	8	Services are not medically necessary	8		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	3	Services are not medically necessary	3		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	3		0		0
MLH1 GENE FULL SEQ	ABDOMINAL DISTENSION (GASEOUS)	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	2		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	3		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	8		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	8	Services are not medically necessary	8		0

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MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	3	Services are not medically necessary	3		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	FEVER, UNSPECIFIED	Ancillary	Approved	2		0		0
MLH1 GENE FULL SEQ	GENERALIZED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	5	Services are not medically necessary	5		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF PARIETAL LOBE	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MLH1 GENE FULL SEQ	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	2		0		0
MLH1 GENE FULL SEQ	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Pathology	Approved	1		0		0
MLH1 GENE FULL SEQ	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
MNPJ OF TMJ W/ANESTH	MALIGNANT NEOPLASM OF SOFT PALATE	Surgery, Oral And Maxillofacial	Approved	1		0		0

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MO		Allergy/Immunology		0		0	Denied	1
MOBIC 15 MG TABLET	VASECTOMY STATUS	Urology	Denied	1	Services are not medically necessary	1		0
MODAFINIL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Rheumatology		0		0	Approved	1
MODAFINIL 100 MG TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET		Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	CAROTID SINUS SYNCOPE	Neurology	Approved	1		0		0
MODAFINIL 100 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Neurology	Approved	1		0		0
MODAFINIL 100 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Family Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Behavioral Nurse	Approved	3		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Approved	8		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Nurse Practitioner	Approved	1		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	3		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Neurology	Approved	4		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	7		0		0
MODAFINIL 100 MG TABLET	HYPERSONMIA DUE TO MEDICAL CONDITION	Family Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	HYPERSONMIA DUE TO MEDICAL CONDITION	Neurology	Approved	1		0		0
MODAFINIL 100 MG TABLET	HYPERSONMIA DUE TO MEDICAL CONDITION	Physician	Approved	1		0		0
MODAFINIL 100 MG TABLET	HYPERSONMIA, UNSPECIFIED	Neurology	Approved	1		0		0
MODAFINIL 100 MG TABLET	HYPERSONMIA, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	IDIOPATHIC HYPERSONMIA WITH LONG SLEEP TIME	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	IDIOPATHIC HYPERSONMIA WITH LONG SLEEP TIME	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	IDIOPATHIC HYPERSONMIA WITH LONG SLEEP TIME	Neurology	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	IDIOPATHIC HYPERSONMIA WITH LONG SLEEP TIME	Pediatric Cardiology	Denied	2	Services are not medically necessary	2		0
MODAFINIL 100 MG TABLET	IDIOPATHIC HYPERSONMIA WITHOUT LONG SLEEP TIME	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	IDIOPATHIC HYPERSONMIA WITHOUT LONG SLEEP TIME	Pulmonary Disease	Approved	1		0		0
MODAFINIL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Denied	2	Services are not medically necessary	2		0
MODAFINIL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	MILD COGNITIVE IMPAIRMENT, SO STATED	Neurology	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W DEPRESSV FEATURES	Psychology	Approved	1		0		0
MODAFINIL 100 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
MODAFINIL 100 MG TABLET	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE W/O CATAPLEXY	Behavioral Nurse	Approved	1		0		0
MODAFINIL 100 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
MODAFINIL 100 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Denied	2	Services are not medically necessary	2		0
MODAFINIL 100 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pediatric Neurology	Approved	2		0		0
MODAFINIL 100 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Approved	1		0		0

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MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Critical Care Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	2		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology		0		0	Approved	1
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Approved	1		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Denied	2	Services are not medically necessary	2		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	1		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	2		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	OTHER FATIGUE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	OTHER FATIGUE	Internal Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
MODAFINIL 100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Pulmonary Disease	Approved	1		0		0
MODAFINIL 100 MG TABLET	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	POSTCONCUSSIONAL SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	PRIMARY HYPERSOMNIA	Behavioral Nurse	Approved	1		0		0
MODAFINIL 100 MG TABLET	SLEEP APNEA, UNSPECIFIED	Psychiatry	Approved	1		0		0
MODAFINIL 100 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	SOMNOLENCE	Family Nurse Practitioner	Approved	1		0		0
MODAFINIL 100 MG TABLET	UNSP INTRACRANIAL INJURY W/O LOSS OF CONSCIOUSNESS, INIT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET		Emergency Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	APNEA, NOT ELSEWHERE CLASSIFIED	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
MODAFINIL 200 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
MODAFINIL 200 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Neurology	Approved	1		0		0
MODAFINIL 200 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER IN CONDITIONS CLASSD ELSWHR	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, IRREGULAR SLEEP WAKE TYPE	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Behavioral Nurse	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Emergency Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Approved	19		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	General Practice	Approved	2		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	7		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Neurology	Approved	3		0		0

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MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physician	Approved	4		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Physician Assistant	Approved	4		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	12		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Pulmonary Disease	Approved	2		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Sleep Medicine	Approved	2		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Surgery, Orthopedic	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES	Neurology	Approved	1		0		0
MODAFINIL 200 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	HYPERMOMNIA	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	HYPERMOMNIA DUE TO MEDICAL CONDITION	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	HYPERMOMNIA DUE TO OTHER MENTAL DISORDER	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
MODAFINIL 200 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Internal Medicine	Approved	2		0		0
MODAFINIL 200 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	HYPERMOMNIA, UNSPECIFIED	Sleep Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	IDIOPATHIC HYPERMOMNIA WITH LONG SLEEP TIME	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	IDIOPATHIC HYPERMOMNIA WITH LONG SLEEP TIME	Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
MODAFINIL 200 MG TABLET	IDIOPATHIC HYPERMOMNIA WITH LONG SLEEP TIME	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	IDIOPATHIC HYPERMOMNIA WITH LONG SLEEP TIME	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	IDIOPATHIC HYPERMOMNIA WITH LONG SLEEP TIME	Sleep Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	IDIOPATHIC HYPERMOMNIA WITHOUT LONG SLEEP TIME	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	INSOMNIA DUE TO OTHER MENTAL DISORDER	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	INSOMNIA, UNSPECIFIED	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	INSOMNIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	INSOMNIA, UNSPECIFIED	Physician	Approved	1		0		0
MODAFINIL 200 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician	Approved	1		0		0
MODAFINIL 200 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	MULTIPLE SCLEROSIS	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY	Internal Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE W/O CATAPLEXY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Family Medicine	Denied	4	Services are not medically necessary	4		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Neurology	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MODAFINIL 200 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Psychiatry	Approved	2		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Psychiatry, Child & Adolescent	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Rheumatology	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Approved	3		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Denied	3	Services are not medically necessary	3		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Nurse Practitioner Primary Care	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Internal Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Approved	3		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Physician	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Approved	5		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	6		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	2		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Approved	3		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Denied	2	Services are not medically necessary	2		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	5		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychology	Approved	1		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	7		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Denied	3	Services are not medically necessary	3		0
MODAFINIL 200 MG TABLET	OTHER AMNESIA	Neurology	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	OTHER FATIGUE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	OTHER FATIGUE	General Practice	Approved	1		0		0
MODAFINIL 200 MG TABLET	OTHER FATIGUE	Rheumatology	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	OTHER HYPERSOMNIA	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	OTHER HYPERSOMNIA	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	OTHER INSOMNIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	RECURRENT HYPERSOMNIA	Neurology	Approved	1		0		0
MODAFINIL 200 MG TABLET	RESTLESS LEGS SYNDROME	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	SLEEP APNEA	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP APNEA, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP DEPRIVATION	Physician	Approved	1		0		0
MODAFINIL 200 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	SOMNOLENCE	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	SOMNOLENCE	Neurology	Approved	1		0		0
MODAFINIL 200 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0

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MOHS 1 STAGE H/N/HF/G	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK	Family Medicine	Approved	1		0		0
MOHS 1 STAGE H/N/HF/G	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK	Dermatology	Approved	1		0		0
MOHS 1 STAGE H/N/HF/G	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	Family Medicine	Approved	2		0		0
MOHS 1 STAGE H/N/HF/G	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	2		0		0
MOHS 1 STAGE H/N/HF/G	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	Family Medicine	Approved	1		0		0
MOHS 1 STAGE T/A/L	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
MOHS 1 STAGE T/A/L	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	Family Medicine	Approved	1		0		0
MOHS HEAD, FEET, NECK, HANDS, GENITALIA OR ANY SURGERY INVOLVING MUSCLE, BONE, CART 1ST; MOHS HEAD	C44.311 - Basal cell carcinoma of skin of nose	Dermatology	Approved	1		0		0
MOHS SURG ADDL BLOCK	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	Family Medicine	Approved	1		0		0
MOLDED INNER BOOT	CONGENITAL TALIPES EQUINOVARUS	Ancillary	Approved	1		0		0
MOLDED INNER BOOT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS OF 1 E	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Cardiovascular Disease		0		0	Approved	1
MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS) ANG (ANGIOGENI	ENCOUNTER OF MALE FOR TESTING FOR GENETIC DISEASE CARRIER STATUS FOR PROCREATIVE MANAGEMENT	Pediatric Endocrinology		0		0	Approved	1
MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS) ANG (ANGIOGENI	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility		0		0	Denied	1
MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 6-10 EXONS, OR CHARACTERIZATION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT BY SOUTHERN BLOT ANALYSIS) ACAD	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	Physician		0		0	Denied	1
MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 11-25 EXONS, REGIONALLY TARGETED CYTOGENOMIC ARRAY ANALYSIS) ABCD1 (ATP-BINDING CASSETTE, SUB-FAMILY D [ALD]	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Surgery, Plastic		0		0	Approved	1
MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS) ABCA4 (ATP-BINDING CASSETTE, SUB-FAMILY A [ABC1], MEMBER 4) (EG, STARGARDT DISEASE, AGE-RELATED MACULAR DEGENERATION), FULL GENE SEQUENCE ATM (ATA	CAFÉ AU LAIT SPOTS	Neurology		0		0	Approved	1
MOMETASONE SINUS IMPLANT	CHRONIC FRONTAL SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOMETASONE SINUS IMPLANT	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
MOMETASONE SINUS IMPLANT	CHRONIC SPHENOIDAL SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOMETASONE SINUS IMPLANT	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MONOVISC	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine		0		0	Approved	1
MONOVISC	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physician		0		0	Approved	1
MONOVISC 88 MG/4 ML SYRINGE	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0

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MONOVISC 88 MG/4 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	7		0		0
MONOVISC 88 MG/4 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
MONOVISC 88 MG/4 ML SYRINGE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physical Medicine	Approved	1		0		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	9		0		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Approved	1		0		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	7		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	12		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	3		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	6		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Hand	Approved	3		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	42		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	CALCULUS OF KIDNEY	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	CHRONIC SINUSITIS, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	OSTEOCHONDRITIS DISSECANS, RIGHT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	OTHER FORMS OF DYSPNEA	Ancillary	Approved	1		0		0
MONOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
MONOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	PAIN IN RIGHT KNEE	Ancillary	Approved	1		0		0
MONOVISC INJ PER DOSE	PAROXYSMAL ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
MONOVISC INJ PER DOSE	PATELLOFEMORAL DISORDERS, RIGHT KNEE	Family Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	11		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physician Assistant	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Approved	2		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Hand	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	39		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	5	Services are not medically necessary	5		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	15		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	2		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Internal Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Orthopaedic Sports Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Pain Management	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physician Assistant	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Approved	3		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	43		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	6	Services are not medically necessary	6		0
MONOVISC INJ PER DOSE	VIRAL PNEUMONIA, NOT ELSEWHERE CLASSIFIED	Surgery, Orthopedic	Approved	1		0		0
MOPATH PROCEDURE LEVEL 1	ANXIETY DISORDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0

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MOPATH PROCEDURE LEVEL 1	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 1	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 1	ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 1	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	General Practice	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 1	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
MOPATH PROCEDURE LEVEL 2	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
MOPATH PROCEDURE LEVEL 2	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST, INIT	LABORATORY SERVICES	Approved	1		0		0
MOPATH PROCEDURE LEVEL 2	ANXIETY DISORDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 2	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	LABORATORY SERVICES	Approved	1		0		0
MOPATH PROCEDURE LEVEL 2	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	COUGH	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	ENCOUNTER FOR SCREENING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 2	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	LABORATORY SERVICES	Approved	1		0		0
MOPATH PROCEDURE LEVEL 2	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	General Practice	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	BOAT ACC INJ NEC-UNPOWER	Ancillary	Denied	1	Services are not medically necessary	1		0

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MOPATH PROCEDURE LEVEL 3	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Approved	3		0		0
MOPATH PROCEDURE LEVEL 3	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 3	COAGULATION DEFECT, UNSPECIFIED	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	COAGULATION DEFECT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	DISORDER OF IRON METABOLISM, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	2		0		0
MOPATH PROCEDURE LEVEL 3	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	4	Services are not medically necessary	4		0
MOPATH PROCEDURE LEVEL 3	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Hematology	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Approved	6		0		0
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Denied	7	Services are not medically necessary	7		0
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Oncology	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	HEREDITARY HEMOCHROMATOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	HEREDITARY SIDEROBLASTIC ANEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 3	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	MAPLE-SYRUP-URINE DISEASE	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	OTHER IRON DEFICIENCY ANEMIAS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	POLYCYTHEMIA VERA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	SHORT STATURE (CHILD)	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF L LOW EXTREM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	AMYTROPHIC LATERAL SCLEROSIS	Genetics	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ANOREXIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	BOAT ACC INJ NEC-UNPOWER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 4	COAGULATION DEFECT, UNSPECIFIED	Ancillary	Approved	1		0		0

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MOPATH PROCEDURE LEVEL 4	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	DISORDER OF IRON METABOLISM, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	3		0		0
MOPATH PROCEDURE LEVEL 4	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 4	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	ENCOUNTER FOR SCREENING FOR INFEC/PARASTC DISEASES, UNSP	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Approved	6		0		0
MOPATH PROCEDURE LEVEL 4	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Denied	7	Services are not medically necessary	7		0
MOPATH PROCEDURE LEVEL 4	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Oncology	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	FALL FROM PLAYGRND EQUIP	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 4	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Ancillary	Approved	2		0		0
MOPATH PROCEDURE LEVEL 4	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	3		0		0
MOPATH PROCEDURE LEVEL 4	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 4	HEREDITARY HEMOCHROMATOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	HEREDITARY SIDEROBLASTIC ANEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	HYPERGAMMAGLOBULINEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 4	MYELODYSPLASTIC SYNDROME W ISOLATED DEL(5Q) CHROMSOML ABLNT	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	NUTRITIONAL ANEMIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	OTHER IRON DEFICIENCY ANEMIAS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	POLYCYTHEMIA VERA	Ancillary	Denied	1	Services are not medically necessary	1		0

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MOPATH PROCEDURE LEVEL 4	SECONDARY POLYCYTHEMIA	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	SECONDARY POLYCYTHEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	SECONDARY POLYCYTHEMIA	Facility	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 4	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	AMYOTROPHIC LATERAL SCLEROSIS	Genetics	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 5	FALL FROM PLAYGRND EQUIP	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 5	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 5	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	HEREDITARY SIDEROBLASTIC ANEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	LOCAL-REL SYMPTC EPI W CMLX PRT SEIZ, NOT NTRCT, W STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT CARCINOID TUMOR OF THE SM INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF CECUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MICROCEPHALY	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 5	MUSCULAR DYSTROPHY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	NASAL CONGESTION	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 5	OTHER CHRONIC PANCREATITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	OTHER CHRONIC SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0

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MOPATH PROCEDURE LEVEL 5	OTHER CONGENITAL MALFORMATIONS OF MUSCULOSKELETAL SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	OTHER HYPOGLYCEMIA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	UNSPECIFIED ACUTE APPENDICITIS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	AMYOTROPHIC LATERAL SCLEROSIS	Genetics	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	CAFE AU LAIT SPOTS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	CAFE AU LAIT SPOTS	Internal Medicine	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 6	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT CARCINOID TUMOR OF THE SM INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF PROSTATE	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MICROCEPHALY	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0

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MOPATH PROCEDURE LEVEL 6	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORAC LYMPH NODES	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	OTHER CHRONIC SINUSITIS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	OTHER CONGENITAL MALFORMATIONS OF MUSCULOSKELETAL SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	OTHER HYPOGLYCEMIA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	OTHER NEUTROPENIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	PARKINSON'S DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 6	SECONDARY POLYCYTHEMIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	AMYOTROPHIC LATERAL SCLEROSIS	Genetics	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	CAFE AU LAIT SPOTS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 7	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 7	FALL FROM PLAYGRND EQUIP	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 7	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
MOPATH PROCEDURE LEVEL 7	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
MOPATH PROCEDURE LEVEL 7	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 7	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 7	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	MICROCEPHALY	Ancillary	Approved	1		0		0

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MOPATH PROCEDURE LEVEL 7	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 7	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	OTH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 7	OTHER HYPOGLYCEMIA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 7	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	PARKINSON'S DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 7	POLYP OF COLON	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	UNSPECIFIED ECTROPION OF RIGHT EYE, UNSPECIFIED EYELID	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 7	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 8	FALL FROM PLAYGRND EQUIP	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 8	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 8	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	HEMATURIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	MICROCEPHALY	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 8	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 8	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	NEUROFIBROMATOSIS, TYPE 1	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	OTH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 8	OTHER CONGENITAL MALFORMATIONS OF MUSCULOSKELETAL SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	CAFE AU LAIT SPOTS	Ancillary	Approved	1		0		0

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MOPATH PROCEDURE LEVEL 9	CAFE AU LAIT SPOTS	Internal Medicine	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	Internal Medicine	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	FALL FROM PLAYGRND EQUIP	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 9	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	2		0		0
MOPATH PROCEDURE LEVEL 9	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	HEMATURIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	MICROCEPHALY	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
MOPATH PROCEDURE LEVEL 9	NEUROFIBROMATOSIS, TYPE 1	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	NEUROFIBROMATOSIS, TYPE 1	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	OTHER CONGENITAL MALFORMATIONS OF MUSCULOSKELETAL SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	OTHER NEUTROPENIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	PAIN IN UNSPECIFIED JOINT	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	PARKINSON'S DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 9	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	UNSP SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Ancillary	Approved	1		0		0
MORPHABOND ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
MORPHABOND ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Physician	Denied	1	Services are not medically necessary	1		0
MORPHABOND ER 15 MG TABLET	LOW BACK PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
MORPHABOND ER 30 MG TABLET	CERVICALGIA	Pain Management	Denied	1	Services are not medically necessary	1		0
MORPHABOND ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
MORPHABOND ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
MORPHABOND ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
MORPHABOND ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MORPHINE	CHRONIC PAIN SYNDROME	Rheumatology		0		0	Approved	1
MORPHINE SULF 100 MG/5 ML CONC	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	1		0		0
MORPHINE SULF ER	CHRONIC PAIN SYNDROME	Behavioral Nurse		0		0	Approved	1

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MORPHINE SULF ER	OTHER SPONDYLOSIS, LUMBAR REGION	Endocrinology And Metabolism		0		0	Approved	1
MORPHINE SULF ER 100 MG TABLET	CHRONIC PAIN SYNDROME	Neurology	Approved	1		0		0
MORPHINE SULF ER 100 MG TABLET	CHRONIC PAIN SYNDROME	Neurology	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 100 MG TABLET	CHRONIC PAIN SYNDROME	Physician Assistant	Approved	1		0		0
MORPHINE SULF ER 100 MG TABLET	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Family Medicine	Approved	2		0		0
MORPHINE SULF ER 100 MG TABLET	LOW BACK PAIN	Nurse Practitioner	Approved	1		0		0
MORPHINE SULF ER 100 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	1		0		0
MORPHINE SULF ER 100 MG TABLET	OTHER SPONDYLOSIS, LUMBAR REGION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Family Nurse Practitioner	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Internal Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	6		0		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	3		0		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 15 MG TABLET	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	LOW BACK PAIN	Physical Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	Hematology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF ASCENDING COLON	Hematology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF EXOCERVIX	Oncology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	Hematology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Hematology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Oncology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Oncology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Oncology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Radiation Oncology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	3		0		0
MORPHINE SULF ER 15 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	4		0		0
MORPHINE SULF ER 15 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	2		0		0
MORPHINE SULF ER 15 MG TABLET	OTHER ACUTE POSTPROCEDURAL PAIN	Pain Management	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Pain Management	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACOLUMBAR REGION	Physician	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	Hematology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	PERSONAL HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED	Pain Management	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Pain Management	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 15 MG TABLET	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 15 MG TABLET	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0

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MORPHINE SULF ER 15 MG TABLET	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Pain Management	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Pain Management	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 15 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	6		0		0
MORPHINE SULF ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
MORPHINE SULF ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Physician	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	ELEVATED CANCER ANTIGEN 125 [CA 125]	Anesthesiology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	INTERSTITIAL CYSTITIS (CHRONIC) WITHOUT HEMATURIA	Anesthesiology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	INTRAHEPATIC BILE DUCT CARCINOMA	Oncology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Anesthesiology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	LOW BACK PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 30 MG TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Internal Medicine	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	MALIGNANT NEOPLASM OF GALLBLADDER	Hematology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Hematology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Hematology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Anesthesiology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Approved	2		0		0
MORPHINE SULF ER 30 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	RADICULOPATHY, CERVICAL REGION	Physician	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 30 MG TABLET	SECONDARY MALIGNANT NEOPLASM OF BONE	Radiation Oncology	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	SECONDARY MALIGNANT NEOPLASM OF OTH PARTS OF NERVOUS SYSTEM	Radiation Oncology	Approved	1		0		0
MORPHINE SULF ER 60 MG TABLET	CHRONIC PAIN SYNDROME	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 60 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
MORPHINE SULF ER 60 MG TABLET	FIBROMYALGIA	Pain Management	Approved	1		0		0
MORPHINE SULF ER 60 MG TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
MORPHINE SULF ER 60 MG TABLET	MALIGNANT NEOPLASM OF GALLBLADDER	Hematology	Approved	1		0		0
MORPHINE SULF ER 60 MG TABLET	OTHER CHRONIC PAIN	Hematology	Approved	1		0		0
MORPHINE SULF ER 60 MG TABLET	RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
MORPHINE SULFATE ER 20 MG CAP	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
MORPHINE SULFATE ER 60 MG CAP	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Approved	1		0		0
MORPHINE SULFATE ER 90 MG CAP	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Physical Medicine	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	CHRONIC PAIN SYNDROME	Neurology	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	FOOT DROP, LEFT FOOT	Pain Management	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Anesthesiology	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Internal Medicine	Approved	2		0		0

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MORPHINE SULFATE IR 15 MG TAB	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Family Medicine	Approved	1		0		0
MORPHINE SULFATE IR 30 MG TAB	CHRONIC PAIN SYNDROME	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MORPHINE SULFATE IR 30 MG TAB	LOW BACK PAIN	Pain Management	Approved	1		0		0
MORPHINE SULFATE IR 30 MG TAB	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	Hematology	Approved	1		0		0
MORPHINE SULFATE IR 30 MG TAB	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
MORPHINE SULFATE IR 30 MG TAB	PARAPLEGIA, COMPLETE	Pain Management	Approved	1		0		0
MORPHINE SULFATE IR 30 MG TAB	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician	Approved	1		0		0
MOTION FLUOROSCOPY/SWALLOW	CONGENITAL HYPOTONIA	Facility	Approved	1		0		0
MOTION FLUOROSCOPY/SWALLOW	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
MOTION FLUOROSCOPY/SWALLOW	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
MOTOR&SEN 9-10 NRV CNDJ TEST; MUSCLE TEST - 5 OR MORE	G57.30 - Lesion of lateral popliteal nerve, unspecified lower limb	Psychiatry & Neurology-Neurology	Approved	1		0		0
MOVANTIK	CHRONIC IDIOPATHIC CONSTIPATION	Emergency Medicine		0		0	Approved	1
MOVANTIK 12.5 MG TABLET	CONSTIPATION, UNSPECIFIED	Internal Medicine	Approved	1		0		0
MOVANTIK 12.5 MG TABLET	OTHER CONSTIPATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MOVANTIK 12.5 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Approved	1		0		0
MOVANTIK 12.5 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, THORACIC REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
MOVANTIK 25 MG TABLET	ADVERSE EFFECT OF OTHER OPIOIDS, INITIAL ENCOUNTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
MOVANTIK 25 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MOVANTIK 25 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Pain Management	Denied	1	Services are not medically necessary	1		0
MOVANTIK 25 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
MOVANTIK 25 MG TABLET	CONSTIPATION, UNSPECIFIED	Family Medicine	Approved	1		0		0
MOVANTIK 25 MG TABLET	CONSTIPATION, UNSPECIFIED	Gastroenterology	Approved	1		0		0
MOVANTIK 25 MG TABLET	CONSTIPATION, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Anesthesiology	Approved	2		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Family Medicine	Approved	1		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Family Nurse Practitioner	Approved	1		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Gastroenterology	Approved	1		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Hematology	Approved	1		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Internal Medicine	Approved	1		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Pain Management	Approved	5		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Physical Medicine	Approved	1		0		0
MOVANTIK 25 MG TABLET	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Family Medicine	Approved	1		0		0
MOVANTIK 25 MG TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
MOVANTIK 25 MG TABLET	OTHER CONSTIPATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
MOVANTIK 25 MG TABLET	OTHER CONSTIPATION	Pain Management	Approved	1		0		0
MOVANTIK 25 MG TABLET	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
MOVANTIK 25 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
MPI (myocardial imaging), infarct avid, planar; qualitative or quantitative	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
MPI (myocardial imaging), infarct avid, planar; tomographic SPECT with or without quantification	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
MR ANGIOGRAPH HEAD W/O&W/DYE	HEADACHE	HOSPITAL	Approved	2		0		0
MR ANGIOGRAPHY HEAD W/O DYE	FAMILY HISTORY OF STROKE	RADIOLOGY	Approved	1		0		0
MR ANGIOGRAPHY HEAD W/O DYE	HEADACHE	RADIOLOGY	Approved	1		0		0
MR ANGIOGRAPHY HEAD W/O DYE	PAIN IN UNSPECIFIED KNEE	RADIOLOGY	Approved	1		0		0

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MR LUMBAR SPINE W/O CONTRAST	M54.16 - Lumbar radicular pain	Family Medicine	Approved	1		0		0
MR LUMBAR SPINE W/O CONTRAST	M54.5 - Acute left-sided low back pain without sciatica	Internal Medicine	Approved	1		0		0
MR LUMBAR SPINE W/WO CONTRAST	R93.5 - Abnormal CT of the abdomen	Family Medicine	Approved	1		0		0
MR Spectroscopy (MRS)	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-VASCULAR	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ANEURYSM OF OTHER SPECIFIED ARTERIES	INTERNAL MEDICINE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ANEURYSM OF RENAL ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	ATHEROSCLER NATIVE ART EXTREM REST PAIN RT LEG	SURGERY-VASCULAR	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ATHEROSCLEROSIS OF RENAL ARTERY	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ATHEROSCLEROSIS OF RENAL ARTERY	INTERNAL MEDICINE	Approved	2		0		0
MRA ABDOMEN, with or without contrast material(s)	ATRIAL SEPTAL DEFECT	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	COARCTATION OF AORTA	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	COMPRESSION OF VEIN	VASCULAR SURGERY	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	EPIGASTRIC PAIN	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	EPIGASTRIC PAIN	PEDIATRIC GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRA ABDOMEN, with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	INFARCTION OF SPLEEN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	NULL	FAMILY PRACTICE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	OTHER FECAL ABNORMALITIES	NURSE PRACTITIONER	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	OTHER SPECIFIED NECROTIZING VASCULOPATHIES	GASTROENTEROLOGY	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	PAIN IN RIGHT FOOT	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	RENOVASCULAR HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	RENOVASCULAR HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	Unknown	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	ANEURYSM OF HEART	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	ANEURYSM OF RENAL ARTERY	INTERNAL MEDICINE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CARDIOMEGALY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CARDIOMEGALY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	COARCTATION OF AORTA	CARDIOVASCULAR DISEASE	Approved	1		0		0

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MRA CHEST (excluding myocardium), with or without contrast material(s)	COARCTATION OF AORTA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	INTERNAL MEDICINE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL PULMONARY VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL PULMONARY VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	DOUBLE OUTLET RIGHT VENTRICLE	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	2		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	HEART DISEASE UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRIC CARDIOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRICS	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	PEDIATRIC CARDIOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	CARDIOVASCULAR SURGERY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRICS	Approved	2		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	OTHER GIANT CELL ARTERITIS	CARDIOLOGIST	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	OTHER ILL-DEFINED HEART DISEASES	CARDIOLOGIST	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	OTHER RHEUMATIC TRICUSPID VALVE DISEASES	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	PALPITATIONS	CARDIOLOGIST	Approved	1		0		0

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MRA CHEST (excluding myocardium), with or without contrast material(s)	PALPITATIONS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	PERSONAL HX CONGEN MALFORM HEART & CIRC SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	SOLITARY PULMONARY NODULE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	TETRALOGY OF FALLOT	CARDIOLOGIST	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	3		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	THORACIC SURGERY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	THORACIC AORTIC ECTASIA	THORACIC SURGERY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	Unknown	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	Unknown	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	UNSPECIFIED CORD COMPRESSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	VENTRICULAR SEPTAL DEFECT	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA CIRCLE OF WILLIS W/O CONTR	I67.1 - Cerebral aneurysm; R42 - Dizziness; R51 - Right-sided headache; R68.89 - Forgetfulness	Internal Medicine	Approved	1		0		0
MRA Head; with contrast material(s)	ANESTHESIA OF SKIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; with contrast material(s)	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; with contrast material(s)	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	FAMILY PRACTICE	Approved	1		0		0
MRA Head; with contrast material(s)	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRA Head; with contrast material(s)	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	ENCOUNTER GEN ADULT MEDICAL EXAM W/ABNORMAL FIND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; with contrast material(s)	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRA Head; with contrast material(s)	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRA Head; with contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	1		0		0
MRA Head; with contrast material(s)	NEW DAILY PERSISTENT HEADACHE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	OTHER AMNESIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRA Head; with contrast material(s)	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOLOGIST	Approved	2		0		0
MRA Head; with contrast material(s)	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; with contrast material(s)	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	PRIMARY EXERTIONAL HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; with contrast material(s)	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	TRANSIENT VISUAL LOSS RIGHT EYE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	Unknown	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	UNSPECIFIED PAPILLEDEMA	HOSPITAL	Approved	1		0		0
MRA Head; with contrast material(s)	UNSPECIFIED PAPILLEDEMA	NEUROLOGY	Approved	1		0		0
MRA Head; with contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	ALTERED MENTAL STATUS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	AMAUROSIS FUGAX	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	ANESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	ANESTHESIA OF SKIN	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s)	ANEURYSM OF UNSPECIFIED SITE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	ATAXIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	ATAXIA UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	BENIGN INTRACRANIAL HYPERTENSION	NEUROSURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	BENIGN INTRACRANIAL HYPERTENSION	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s)	BENIGN INTRACRANIAL HYPERTENSION	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	BENIGN INTRACRANIAL HYPERTENSION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRA Head; without contrast material(s)	BENIGN NEOPLASM OF CEREBRAL MENINGES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Approved	3		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	GENERAL PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	INTERNAL MEDICINE	Approved	2		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	8		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Approved	3		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	SURGERY-NEUROLOGY	Approved	3		0		0
MRA Head; without contrast material(s)	CEREBRAL ATHEROSCLEROSIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CEREBRAL INFARCT UNS OCCL/STEN UNS CEREBELLR ART	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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MRA Head; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	3		0		0
MRA Head; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	OTHER	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CEREBRAL ISCHEMIA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CERVICALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	CHRONIC PAIN SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	COMPRESSION OF BRAIN	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	CRANIAL NERVE DISORDER UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	DIPLOPIA	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	DIPLOPIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	DISORDER OF ARTERIES AND ARTERIOLES UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	DISORDER OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s)	DISORDER OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	DISORDERS OF GLOSSOPHARYNGEAL NERVE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	DISORIENTATION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	Imaging Center	Approved	1		0		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	10		0		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA Head; without contrast material(s)	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	EPISODIC PAROXYSMAL HEMICRANIA INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	EPISODIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	FACIAL WEAKNESS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	FAMILY HISTORY OF STROKE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Approved	2		0		0
MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	NEUROLOGY	Approved	3		0		0
MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	NEUROSURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	HEADACHE	FAMILY PRACTICE	Approved	12		0		0
MRA Head; without contrast material(s)	HEADACHE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s)	HEADACHE	Imaging Center	Approved	1		0		0
MRA Head; without contrast material(s)	HEADACHE	INTERNAL MEDICINE	Approved	2		0		0
MRA Head; without contrast material(s)	HEADACHE	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRA Head; without contrast material(s)	HEADACHE	NEUROLOGY	Approved	8		0		0
MRA Head; without contrast material(s)	HEADACHE	NEUROLOGY	Denied	6	Services are not medically necessary	6		0
MRA Head; without contrast material(s)	HEADACHE	NEUROSURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	HEADACHE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	HEADACHE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA Head; without contrast material(s)	HEADACHE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	HEMANGIOMA OF INTRACRANIAL STRUCTURES	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	SURGERY-NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	HEMICRANIA CONTINUA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	HOMONYMOUS BILATERAL FIELD DEFECTS UNS SIDE	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	HORNERS SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	HYDROCEPHALUS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	HYPERLIPIDEMIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	HYPY-OSMOLALITY AND HYPONATREMIA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	IMPULSE DISORDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	INSOMNIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	ONCOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	ISCHEMIC OPTIC NEUROPATHY LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	MALIGNANT NEOPLASM OF SPINAL CORD	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	MERALGIA PARESTHETICA RIGHT LOWER LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0

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MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	5		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	3		0		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	MIXED HYPERLIPIDEMIA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	NEURALGIA AND NEURITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	NEW DAILY PERSISTENT HEADACHE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	NONPYOGENIC THROMBOSIS INTRACRAN VENOUS SYSTEM	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	NONTRAUMATIC SUBARACH HEMORR UNS MID CERBRL ART	SURGERY-NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OCCIPITAL NEURALGIA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OCCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA Head; without contrast material(s)	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROSURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRA Head; without contrast material(s)	OPTIC PAPILLITIS LEFT EYE	Imaging Center	Approved	1		0		0
MRA Head; without contrast material(s)	OPTIC PAPILLITIS RIGHT EYE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTH TRANSIENT CERBR L ISCHEMIC ATTACKS & REL SYND	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER AMNESIA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER CHRONIC PAIN	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER COMPLICATED HEADACHE SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER COMPLICATED HEADACHE SYNDROME	PEDIATRICS	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER DISEASES OF PULMONARY VESSELS	NEUROSURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER DISORDERS OF TRIGEMINAL NERVE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER DYSPHAGIA	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	Other injury of unspecified body region, initial encounter	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	OTHER MALFORMATIONS OF PRECEREBRAL VESSELS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER NONTRAUMATIC INTRACEREBRAL HEMORRHAGE	SURGERY-NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER SEASONAL ALLERGIC RHINITIS	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	OTHER SPECIFIED HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER VISUAL DISTURBANCES	PLASTIC SURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER VITAMIN B12 DEFICIENCY ANEMIAS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	NEUROLOGY	Approved	3		0		0
MRA Head; without contrast material(s)	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	PARESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	PERSONAL HISTORY OTH INFECTIOUS & PARASITIC DZ	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s)	POLYCYSTIC KIDNEY ADULT TYPE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	POLYCYSTIC KIDNEY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

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MRA Head; without contrast material(s)	POSTCONCUSSIONAL SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	PRIMARY EXERTIONAL HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY EXERTIONAL HEADACHE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY EXERTIONAL HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	Primary open-angle glaucoma, bilateral, moderate stage	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY STABBING HEADACHE	NEUROLOGY	Approved	3		0		0
MRA Head; without contrast material(s)	PRIMARY THUNDERCLAP HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	8		0		0
MRA Head; without contrast material(s)	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	PURE MOTOR LACUNAR SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	RA WITH RHEUMATOID FACTOR UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRA Head; without contrast material(s)	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	REVERSIBLE CEREBRVASC VASOCONSTRICTION SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	SENSORINEURAL HEARING LOSS BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	SIXTH ABDUCENT NERVE PALSY LEFT EYE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	SYNCOPE AND COLLAPSE	GENERAL PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	SYNCOPE AND COLLAPSE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	SYNCOPE AND COLLAPSE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	TINNITUS BILATERAL	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	TINNITUS BILATERAL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	TINNITUS BILATERAL	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	TINNITUS LEFT EAR	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s)	TINNITUS UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	5		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	TREMOR UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	TRIGEMINAL NEURALGIA	NEUROSURGERY	Approved	1		0		0
MRA Head; without contrast material(s)	TRIGEMINAL NEURALGIA	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	Unknown	NEUROLOGY	Approved	3		0		0
MRA Head; without contrast material(s)	Unknown	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRA Head; without contrast material(s)	Unknown	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0

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MRA Head; without contrast material(s)	UNS SEQUELAE UNSPECIFIED CEREBROVASCULAR DISEASE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	UNSPECIFIED AMBLYOPIA RIGHT EYE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED CONVULSIONS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	UNSPECIFIED CONVULSIONS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED PAPILLEDEMA	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED PAPILLEDEMA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED PTOSIS OF LEFT EYELID	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	UNSPECIFIED PTOSIS OF RIGHT EYELID	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	2		0		0
MRA Head; without contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	VERTEBRO-BASILAR ARTERY SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	VERTEBRO-BASILAR ARTERY SYNDROME	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRA Head; without contrast material(s)	VESTIBULAR NEURONITIS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s)	WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	ZOSTER WITH OTHER COMPLICATIONS	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSM OF RENAL ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSM OF UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSM OF UNSPECIFIED SITE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSM OF UNSPECIFIED SITE	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	4		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEUROSURGERY	Approved	2		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	SURGERY-NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CERBR L ARTERITIS IN OTH DISEASES CLASSIFIED ELSW	RHEUMATOLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL ANEURYSM NONRUPTURED	GENERAL PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL ANEURYSM NONRUPTURED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCT UNS OCCL/STEN UNS CEREBELLR ART	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	DIPLOPIA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF ARTERIES AND ARTERIOLES UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	EPISODIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Approved	4		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEMICRANIA CONTINUA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HICCOUGH	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HOMONYMOUS BILATERAL FIELD DEFECTS UNS SIDE	OPHTHALMOLOGY	Approved	1		0		0

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MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HYDROCEPHALUS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Imaging Center	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIXED HYPERLIPIDEMIA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	NONPYOGENIC THROMBOSIS INTRACRAN VENOUS SYSTEM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OCCCLUSION & STENOSIS UNS PRECEREBRAL ARTERY	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTALGIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	Imaging Center	Denied	1	Services are not medically necessary	1		0

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MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTHER MALFORMATIONS OF PRECEREBRAL VESSELS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTHER NONTRAUMATIC INTRACEREBRAL HEMORRHAGE	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	POLYCYSTIC KIDNEY UNSPECIFIED	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	PSEUDOPAPILLEDEMA OF OPTIC DISC BILATERAL	OPTOMETRY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	RETINAL ARTERY BRANCH OCCLUSION RIGHT EYE	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OTH SPECIFIED SITES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY RIGHT EYE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	SLEEP APNEA UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	SPASMODIC TORTICOLLIS	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS BILATERAL	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS RIGHT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT RETINAL ARTERY OCCLUSION UNS EYE	NEURO & OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT VISUAL LOSS RIGHT EYE	OTHER	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED MACULAR DEGENERATION	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPTOMETRY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	ONCOLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	VERTEBRAL ARTERY COMPRESSION SYND SITE UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	VERTEBRO-BASILAR ARTERY SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Lower Extremity, with or without contrast material(s)	ANEURYSM OF RENAL ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Lower Extremity, with or without contrast material(s)	ATHEROSCLER NATIVE ART EXTREM REST PAIN RT LEG	SURGERY-VASCULAR	Approved	1		0		0
MRA Lower Extremity, with or without contrast material(s)	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	FAMILY PRACTICE	Approved	1		0		0
MRA Lower Extremity, with or without contrast material(s)	CONGEN MALFORMATION SYND PREDOMINANT INVLV LIMBS	RADIOLOGY	Approved	1		0		0
MRA Lower Extremity, with or without contrast material(s)	PAIN IN RIGHT FOOT	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
MRA Lower Extremity, with or without contrast material(s)	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA Lower Extremity, with or without contrast material(s)	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	PULMONARY DISEASES	Approved	1		0		0
MRA Neck; with contrast material(s)	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRA Neck; with contrast material(s)	DIPLOPIA	NEUROLOGY	Approved	1		0		0
MRA Neck; with contrast material(s)	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	1		0		0
MRA Neck; with contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Neck; with contrast material(s)	OCCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOLOGIST	Approved	1		0		0
MRA Neck; with contrast material(s)	OTHER AMNESIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; with contrast material(s)	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; with contrast material(s)	PRIMARY EXERTIONAL HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Neck; with contrast material(s)	REVERSIBLE CEREBRVASC VASOCONSTRICTION SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Neck; with contrast material(s)	SYNCOPE AND COLLAPSE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; with contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA Neck; with contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; with contrast material(s)	VERTEBRO-BASILAR ARTERY SYNDROME	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRA Neck; without contrast material(s)	ATAXIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	ATAXIA UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	BENIGN PAROXYSMAL VERTIGO LEFT EAR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	BRACHIAL PLEXUS DISORDERS	SURGERY-VASCULAR	Approved	1		0		0
MRA Neck; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	1		0		0

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MRA Neck; without contrast material(s)	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	CHRONIC PAROXYSMAL HEMICRANIA INTRACTABLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	DIPLOPIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	2		0		0
MRA Neck; without contrast material(s)	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRA Neck; without contrast material(s)	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s)	HEADACHE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s)	HEADACHE	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	MERALGIA PARESTHETICA RIGHT LOWER LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA Neck; without contrast material(s)	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s)	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Approved	6		0		0
MRA Neck; without contrast material(s)	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	OTHER DYSPHAGIA	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s)	OTHER SEASONAL ALLERGIC RHINITIS	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	OTHER SPECIFIED HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Neck; without contrast material(s)	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	1		0		0

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MRA Neck; without contrast material(s)	PRIMARY EXERTIONAL HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Neck; without contrast material(s)	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	2		0		0
MRA Neck; without contrast material(s)	PURE MOTOR LACUNAR SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	SPINAL ENTHESTOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	SYNCOPE AND COLLAPSE	GENERAL PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s)	SYNCOPE AND COLLAPSE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	SYNCOPE AND COLLAPSE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA Neck; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRA Neck; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	Unknown	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	UNS SEQUELAE UNSPECIFIED CEREBROVASCULAR DISEASE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	UNSPECIFIED AMBLYOPIA RIGHT EYE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s)	VERTEBRO-BASILAR ARTERY SYNDROME	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	AMAUSIS FUGAX	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSM OF RENAL ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSM OF UNSPECIFIED SITE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSM OF UNSPECIFIED SITE	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	2		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCT UNS OCCL/STEN UNS CEREBELLR ART	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL ISCHEMIA	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	NEUROSURGERY	Approved	1		0		0

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MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF FACIAL NERVE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	2		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEMICRANIA CONTINUA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HORNERS SYNDROME	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HYPERLIPIDEMIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	OBSTETRICS	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	5	Services are not medically necessary	5		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIXED HYPERLIPIDEMIA	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCCLUSION & STENOSIS UNS PRECEREBRAL ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCCLUSION & STENOSIS UNS VERTEBRAL ARTERY	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Approved	3		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	INTERNAL MEDICINE	Approved	2		0		0

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MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	CARDIOLOGIST	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	PRIMARY EXERTIONAL HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS BILATERAL	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT RETINAL ARTERY OCCLUSION UNS EYE	NEURO & OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF LEFT EYELID	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF LEFT EYELID	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF RIGHT EYELID	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	VERTEBRAL ARTERY COMPRESSION SYND SITE UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-VASCULAR	Approved	1		0		0

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MRA PELVIS, with or without contrast material(s)	ATRIAL SEPTAL DEFECT	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	UROLOGY	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	Other	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	COMPRESSION OF VEIN	VASCULAR SURGERY	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	POSTTHROMBOTIC SYNDROME W/O COMP RT LOWER EXTREM	SURGERY-VASCULAR	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA PELVIS, with or without contrast material(s)	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	Unknown	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA PELVIS, with or without contrast material(s)	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRA Upper Extremity, with or without contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRA Upper Extremity, with or without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRA Upper Extremity, with or without contrast material(s)	PAIN UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRCP (Magnetic Resonance Cholangiopancreatography)	NONSPECIFIC ELEVATION LEVELS TRANSAMINASE & LDH	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRCP (Magnetic Resonance Cholangiopancreatography)	OTHER DISEASES OF STOMACH AND DUODENUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRCP (Magnetic Resonance Cholangiopancreatography)	OTHER SPECIFIED DISEASES OF BILIARY TRACT	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRCP (Magnetic Resonance Cholangiopancreatography)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN W/O & W/DYE	LIVER TRANSPLANT STATUS	Facility	Approved	1		0		0
MRI ABDOMEN W/O & W/DYE	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Facility	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN W/O & W/DYE	PELVIC AND PERINEAL PAIN	HOSPITAL	Approved	1		0		0
MRI ABDOMEN W/O & W/DYE	RIGHT LOWER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
MRI ABDOMEN W/O DYE	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
MRI ABDOMEN W/O DYE	INTRAHEPATIC BILE DUCT CARCINOMA	Facility	Approved	1		0		0
MRI ABDOMEN W/O DYE	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	2		0		0
MRI ABDOMEN W/O DYE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	CHOLESTEROLOSIS OF GALLBLADDER	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	DISORDER OF VEIN UNSPECIFIED	SLEEP MEDICINE	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	LIVER DISEASE UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; with contrast material(s)	PERSONAL HX MAL NEO UNS SITE LIP ORL CAV&PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	PERSONAL HX MAL NEO UNS SITE LIP ORL CAV&PHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABDOMINAL DISTENSION GASEOUS	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL IMMUNOLOGICAL FIND IN CEREBROSPINAL FL	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	ACUTE GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	BETA THALASSEMIA	PEDIATRICS	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	BILIARY CYST	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS BD W/ACUTE & CHRON CHOLANGITIS W/OBST	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS BD W/CHRONIC CHOLECYST W/O OBSTRUCTION	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	CALCULUS GB W/ACUTE CHOLECYST W/O OBSTRUCTION	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS GB W/CHRONIC CHOLECYST W/O OBSTRUCTION	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CYST OF KIDNEY ACQUIRED	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	CYST OF PANCREAS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CYST OF PANCREAS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	CYST OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CYST OF PANCREAS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI ABDOMEN; without contrast material(s)	CYST OF PANCREAS	SURGERY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	CYSTIC DISEASE OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	DISEASE OF BILIARY TRACT UNSPECIFIED	GASTROENTEROLOGY	Approved	7		0		0
MRI ABDOMEN; without contrast material(s)	DISEASE OF BILIARY TRACT UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	DISEASE OF GALLBLADDER UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	6		0		0
MRI ABDOMEN; without contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
MRI ABDOMEN; without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	HEMATURIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	HEMOCHROMATOSIS DUE TO REPEATED RBC TRANSFUSIONS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	HYPOKALEMIA	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	LIVER TRANSPLANT STATUS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	LOW BACK PAIN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	SURGERY-GENERAL	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s)	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	NONALCOHOLIC STEATOHEPATITIS	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	NONSPECIFIC ELEVATION LEVELS TRANSAMINASE & LDH	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	NONSPECIFIC ELEVATION LEVELS TRANSAMINASE & LDH	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s)	OTHER CIRRHOSIS OF LIVER	HEPATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	OTHER CONGENITAL MALFORMATIONS OF LIVER	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OTHER CONGENITAL MALFORMATIONS OF UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF BILIARY TRACT	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF BILIARY TRACT	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	RHEUMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	PERSONAL HISTORY MALIGNANT NEOPLASM OF PANCREAS	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	POLYCYSTIC KIDNEY ADULT TYPE	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	PRIMARY BILIARY CIRRHOSIS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	PRIMARY BILIARY CIRRHOSIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	TESTICULAR HYPOFUNCTION	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	TUBEROUS SCLEROSIS	NEUROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	UNDESCENDED TESTICLE UNSPECIFIED	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	Unknown	FAMILY PRACTICE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	Unknown	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	Unknown	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	Unknown	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	UNS INJURY MUSCLE FASCIA & TENDON ABD INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI ABDOMEN; without contrast material(s)	UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED JAUNDICE	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED PLACENTAL DISORDER UNS TRIMESTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	GASTROENTEROLOGY	Approved	5		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	INTERNAL MEDICINE	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	8		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	FAMILY PRACTICE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Approved	5		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GERIATRICS	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	HEPATOLOGY	Approved	6		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	HEPATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	INTERNAL MEDICINE	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	Approved	7		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	HEPATOLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMALITY OF ALPHAFETOPROTEIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMALITY OF ALPHAFETOPROTEIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ACUTE GASTRIC ULCER WITHOUT HEMORR OR PERF	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ACUTE GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ACUTE GASTRITIS WITHOUT BLEEDING	Physician	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ADRENOMEDULLARY HYPERFUNCTION	ENDOCRINOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALCOHOLIC HEPATITIS WITHOUT ASCITES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALPHA-1-ANTITRYPSIN DEFICIENCY	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALPHA-1-ANTITRYPSIN DEFICIENCY	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ATHEROSCLEROSIS OF RENAL ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	AUTOIMMUNE HEPATITIS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	AUTOIMMUNE HEPATITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	INTERNAL MEDICINE	Approved	2		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF COLON UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF DUODENUM	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	ENDOCRINOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	PEDIATRICS	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT KIDNEY	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LIVER	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LIVER	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LIVER	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LIVER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LIVER	SURGERY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF PANCREAS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF SIGMOID COLON	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM PERIPHERAL NERVES & ANS ABDOMEN	OTHER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BICORNATE UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS BD W/CHRON CHOLANGITIS W/O OBSTRUCTION	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS OF KIDNEY	UROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHOLESTEROSIS OF GALLBLADDER	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHOLESTEROSIS OF GALLBLADDER	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHOLESTEROSIS OF GALLBLADDER	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC LOBULAR HEPATITIS NEC	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	GASTROENTEROLOGY	Approved	5		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	GASTROENTEROLOGY	Denied	8	Services are not medically necessary	8		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CONSTIPATION UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CONTUSION UNS PART PANCREAS INITIAL ENCOUNTER	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE OF LARGE INTESTINE WITH FISTULA	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE SMALL INTESTINE W/O COMP	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE SMALL INTESTINE W/OTH COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DZ SMALL & LARGE INTEST W/INTEST OBST	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	UROLOGY	Approved	8		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	6		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	INTERNAL MEDICINE	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	SURGERY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYSTIC DISEASE OF LIVER	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DIARRHEA UNSPECIFIED	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA INTRAPELVIC NODES	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	2		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF SPLEEN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF IRON METABOLISM UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF KIDNEY AND URETER UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF KIDNEY AND URETER UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF KIDNEY AND URETER UNSPECIFIED	UROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF PANCREATIC INTERNAL SECRETION UNSPEC	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DUODENITIS WITHOUT BLEEDING	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ENDOMETRIOSIS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	Imaging Center	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	PEDIATRICS	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC SWELLING MASS OR LUMP	FAMILY PRACTICE	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EXCESS & FREQUENT MENSTRUATION W/REGULAR CYCLE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FUNCTIONAL INTESTINAL DISORDER UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GASTR ULCR UNS AS AC OR CHRON W/O HEMORR OR PERF	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GASTRO-ESOPHAGEAL REFLUX DISEASE W/ ESOPHAGITIS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	SURGERY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY OTHER MALIGNANT NEOPLASM	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY OTHER MALIGNANT NEOPLASM	PHYSICIAN ASSISTANT	Denied	4	Services are not medically necessary	4		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GILBERT SYNDROME	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRACRANIAL STRUCTURES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF OTHER SITES	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF OTHER SITES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMATURIA UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATIC FAILURE UNSPECIFIED WITHOUT COMA	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATIC FIBROSIS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATIC FIBROSIS	HEPATOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATIC FIBROSIS	HEPATOLOGY	Denied	4	Services are not medically necessary	4		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	13		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	5		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	HEPATOLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	9		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	RADIATION THERAPY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	SURGERY-THORACIC	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEREDITARY HEMOCHROMATOSIS	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEREDITARY HEMOCHROMATOSIS	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HYPERALDOSTERONISM UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HYPOKALEMIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HYPO-OSMOLALITY AND HYPONATREMIA	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INFARCTION OF LIVER	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INFARCTION OF SPLEEN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INFARCTION OF SPLEEN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRAHEPATIC BILE DUCT CARCINOMA	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER CELL CARCINOMA	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER CELL CARCINOMA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER CELL CARCINOMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER CELL CARCINOMA	ONCOLOGY	Approved	5		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER CELL CARCINOMA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER CELL CARCINOMA	SURGERY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER CELL CARCINOMA	SURGERY-GENERAL	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	9		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	8		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GENERAL SURGERY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	6		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	NURSE PRACTITIONER	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	Other	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	SURGERY-TRAUMA	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER TRANSPLANT STATUS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOCALIZED ENLARGED LYMPH NODES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LUMBOSACRAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LUMBOSACRAL PLEXUS DISORDERS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LUQ ABDOMINAL SWELLING MASS & LUMP	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LUQ ABDOMINAL SWELLING MASS & LUMP	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALFORMATION OF URACHUS	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR LG INTESTINE UNS PRTN	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF THE ILEUM	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF THE ILEUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF THE MIDGUT NOS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF THE RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMORS OF OTHER SITES	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT MELANOMA UNS LOWER LIMB INCLUDING HIP	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF APPENDIX	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF APPENDIX	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ASCENDING COLON	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	3		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BILIARY TRACT UNSPECIFIED	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BODY OF PANCREAS	CARDIOVASCULAR	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF GALLBLADDER	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	RADIATION THERAPY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT CHOROID	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TRANSVERSE COLON	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF VAGINA	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT BRONCH & LUNG	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITE CORPUS UTERI	GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	EMERGENCY MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	INTERNAL MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MELENA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MELENA	PEDIATRICS	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	METABOLIC SYNDROME	GASTROENTEROLOGY	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	METABOLIC SYNDROME	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MIXED HYPERLIPEDEMIA	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NAUSEA WITH VOMITING UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIP	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	ENDOCRINOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	SURGERY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD	SURGERY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV OTH SPEC DIGESTIVE ORGAN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV OTH SPEC DIGESTIVE ORGAN	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	CARDIOVASCULAR DISEASE	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONALCOHOLIC STEATOHEPATITIS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONALCOHOLIC STEATOHEPATITIS	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Approved	6		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	INTERNAL MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONINFLAMMATORY DISORDER OF VAGINA UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONSPECIFIC ELEVATION LEVELS TRANSAMINASE & LDH	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONSPECIFIC ELEVATION LEVELS TRANSAMINASE & LDH	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONTOXIC SINGLE THYROID NODULE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NULL	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OBSTRUCTION OF BILE DUCT	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH ABNORM FIND IN SPEC FROM OTH ORGN SYS & TISS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH COND ASSOC W/FE GEN ORGN & MENSTRUAL CYCL	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH CONGEN MALFORMATION PANCREAS PANCREATIC DUCT	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH CONGEN MALFORMATION PANCREAS PANCREATIC DUCT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH NON-FOLLICULAR LYMPHOMA NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH SPECIFIED CONGENITAL MALFORMATIONS OF HEART	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER BENIGN NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER BENIGN NEUROENDOCRINE TUMORS	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CHRONIC PANCREATITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CHRONIC PANCREATITIS	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Approved	8		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Denied	5	Services are not medically necessary	5		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CIRRHOSIS OF LIVER	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CIRRHOSIS OF LIVER	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CIRRHOSIS OF LIVER	Other	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CIRRHOSIS OF LIVER	Other	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CONGENITAL MALFORMATIONS OF UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CONGENITAL MALFORMATIONS OF UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CONSTIPATION	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER DISEASES OF SPLEEN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER DISEASES OF STOMACH AND DUODENUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER DISORDERS OF IRON METABOLISM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER DISORDERS OF LUNG	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER HEMOCHROMATOSIS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER LESIONS OF ORAL MUCOSA	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER MALIGNANT NEUROENDOCRINE TUMORS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER PANCYTOPENIA	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF BILIARY TRACT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF BILIARY TRACT	GASTROENTEROLOGY	Approved	3		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF GALLBLADDER	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF GALLBLADDER	SURGERY-GENERAL	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF INTESTINE	NEONATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	ANESTHESIOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Approved	7		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	11		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Denied	7	Services are not medically necessary	7		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GENERAL PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GENERAL SURGERY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	HEPATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	INTERNAL MEDICINE	Approved	10		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	SURGERY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	NURSE PRACTITIONER	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	SURGERY- UROLOGICAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	9		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	4	Services are not medically necessary	4		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OVERWEIGHT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERIUMBILIC SWELLING MASS OR LUMP	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERIUMBILICAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM RENAL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HISTORY OTHER DISEASES DIGESTIVE SYSTEM	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HISTORY OTHER DISEASES DIGESTIVE SYSTEM	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HX MAL NEO UNS SITE LIP ORL CAV&PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PERSONAL HX MALIG NEOPLASM OTH DIGESTIVE ORGANS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	POLYCYSTIC KIDNEY ADULT TYPE	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PORTAL VEIN THROMBOSIS	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PRIMARY BILIARY CIRRHOSIS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PRIMARY BILIARY CIRRHOSIS	HEPATOLOGY	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PRIMARY BILIARY CIRRHOSIS	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PRURITUS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PSEUDOCYST OF PANCREAS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RECTAL ABSCESS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RENOVASCULAR HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RUQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RUQ ABDOMINAL SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	RADIATION ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	SURGERY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	RADIATION ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SLOW TRANSIT CONSTIPATION	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	THROMBOCYTOPENIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	THROMBOCYTOPENIA UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	THROMBOCYTOPENIA UNSPECIFIED	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	THROMBOCYTOPENIA UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	TRAUMAT RUPT LUMB INTERVERTEBRAL DISC INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ULCER OF ESOPHAGUS WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	PEDIATRICS	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ULCERATIVE CHRONIC RECTOSIGMOIDITIS W/O COMP	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNDESCENDED TESTICLE UNSPECIFIED	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNIFOcal LANGERHANS-CELL HISTIOCYTOSIS	OTHER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNIFOcal LANGERHANS-CELL HISTIOCYTOSIS	OTHER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	GASTROENTEROLOGY	Approved	16		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	GASTROENTEROLOGY	Denied	5	Services are not medically necessary	5		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	GYNECOLOGY ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	HEPATOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	PEDIATRICS	Approved	2		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	UROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	UROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unsp intestnl obst, unsp as to partial versus complete obst	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	GENERAL SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Approved	6		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CIRRHOSIS OF LIVER	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CIRRHOSIS OF LIVER	HEPATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CIRRHOSIS OF LIVER	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED UNDESCENDED TESTICLE UNILATERAL	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UPPER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	URINARY TRACT INFECTION SITE NOT SPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ANGIO CHEST W OR W/O DYE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Facility	Approved	1		0		0
MRI Bone Marrow Blood Supply	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Bone Marrow Blood Supply	MONOCLONAL GAMMOPATHY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Bone Marrow Blood Supply	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Bone Marrow Blood Supply	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Bone Marrow Blood Supply	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	3		0		0
MRI Bone Marrow Blood Supply	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Bone Marrow Blood Supply	OTH TYPES NON-HODGKIN LYMPHOMA INTRATHOR NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BOTH BREASTS	CALCULUS OF GALLBLADDER W ACUTE CHOLECYST W/O OBSTRUCTION	Family Medicine	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	AUTISTIC DISORDER	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	CEREBRAL INFARCT D/T EMBOLISM OTH CEREBRAL ART	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	CHRONIC CLUSTER HEADACHE INTRACTABLE	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	FREQUENCY OF MICTURITION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	HYPERPROLACTINEMIA	Imaging Center	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT MELANOMA OF SCALP AND NECK	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM OF PARIETAL LOBE	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); with contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MIX HEAR LOSS UNI LT EAR UNRESTRCT CONTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	MIX HEAR LOSS UNI LT EAR UNRESTRCT CONTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); with contrast material(s)	NEUROFIBROMATOSIS TYPE 1	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); with contrast material(s)	OTHER AMNESIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Approved	5		0		0
MRI BRAIN (head); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	TESTICULAR HYPOFUNCTION	UROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	Unknown	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	UNSPECIFIED PAPILDEMA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ABN LEVEL HORMONES IN SPEC OTH ORGAN SYS & TISS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ABSENCE EPIL SYNDROME NOT INTRACTABLE W/O SE	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	ABSENCE EPIL SYNDROME NOT INTRACTABLE W/O SE	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ALCOHOL DEPENDENCE IN REMISSION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ALTERNATING EXOTROPIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ALZHEIMERS DISEASE WITH LATE ONSET	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	ANKYLOSING SPONDYLITIS OF CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ANOXIC BRAIN DAMAGE NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	ANXIETY DISORDER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ARNOLD-CHIARI SYND W/SPINA BIFIDA & HYDROCEPHLUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ARNOLD-CHIARI SYNDROME WITH SPINA BIFIDA	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ASPERGERS SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATAXIC GAIT	NEUROLOGY	Approved	2		0		0

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MRI BRAIN (head); without contrast material	ATAXIC GAIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATHETOID CEREBRAL PALSY	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATTENTION AND CONCENTRATION DEFICIT	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	AUTISTIC DISORDER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	AUTISTIC DISORDER	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	AUTISTIC DISORDER	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	AUTISTIC DISORDER	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material	AUTISTIC DISORDER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	BELLS PALSY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	BELLS PALSY	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	BENIGN INTRACRANIAL HYPERTENSION	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN INTRACRANIAL HYPERTENSION	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF CEREBRAL MENINGES	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF CRANIAL NERVES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF PINEAL GLAND	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	BLEPHAROSPASM	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CENTRAL RETINAL ARTERY OCCLUSION LEFT EYE	PSYCHOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBELLAR STROKE SYNDROME	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	GENERAL SURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	NEUROSURGERY	Approved	5		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCT D/T EMBOLISM LT MID CEREBRL ART	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCT D/T THROMB LT MID CEREBRAL ART	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CEREBRAL ISCHEMIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL ISCHEMIA	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CEREBROVASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBROVASCULAR DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	CERVICALGIA	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	CERVICALGIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CERVICALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CERVICALGIA	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	CERVICALGIA	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC CLUSTER HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC CLUSTER HEADACHE INTRACTABLE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC FATIGUE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	12		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC PAIN SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC PAIN SYNDROME	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC PAROXYSMAL HEMICRANIA INTRACTABLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC POST-TRAUMATIC HEADACHE NOT INTRACTABLE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC POST-TRAUMATIC HEADACHE NOT INTRACTABLE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	NEUROLOGY	Approved	2		0		0

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MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPLEX FEBRILE CONVULSIONS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	4		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	NEPHROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC SUBSEQUENT ENCOUNTER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS SEQUELA	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	CONFUSIONAL AROUSALS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CONGENITAL HYDROCEPHALUS UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CONGENITAL HYDROCEPHALUS UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONGENITAL HYPERTONIA	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CONGENITAL MALFORMATION SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CRAMP AND SPASM	SPORTS MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CRANIOSYNOSTOSIS	CRANIOMAXILLOFACIAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CRANIOSYNOSTOSIS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CYCLICAL VOMITING NOT INTRACTABLE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	DEGENERATIVE DZ OF NERVOUS SYSTEM UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DELAYED MILESTONE IN CHILDHOOD	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	DELUSIONAL DISORDERS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI BRAIN (head); without contrast material	DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS UNS	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material	DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS UNS	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DEVELOPMENTAL DISORDER SPEECH AND LANGUAGE UNS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIPLOPIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIPLOPIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIPLOPIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIPLOPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISORDER OF BRAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISORDER OF BRAIN UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISORDER OF TRIGEMINAL NERVE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISORIENTATION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISORIENTATION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISORIENTATION UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	DISSOCIATIVE AND CONVERSION DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	24		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	Imaging Center	Approved	3		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	8		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	8	Services are not medically necessary	8		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	24		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	DRUG-INDUCED HEADACHE NEC NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DYSARTHRIA AND ANARTHRIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DYSTONIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ENCEPHALITIS AND ENCEPHALOMYELITIS UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ENCEPHALOPATHY UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	ENCEPHALOPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ENCEPHALOPATHY UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	ENCEPHALOPATHY UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	9		0		0
MRI BRAIN (head); without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	EPISODIC CLUSTER HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	EPISODIC CLUSTER HEADACHE NOT INTRACTABLE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	EPISODIC PAROXYSMAL HEMICRANIA INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0

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MRI BRAIN (head); without contrast material	EPISODIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	EPISODIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	EPISODIC TENSION-TYPE HEADACHE NOT INTRACTABLE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL TREMOR	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL TREMOR	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL TREMOR	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	FACIAL MYOKYMIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	FACIAL WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	FACIAL WEAKNESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	FAMILIAL DYSAUTONOMIA RILEY-DAY	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	GENERALIZED ANXIETY DISORDER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	CHIROPRACTOR	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	FAMILY PRACTICE	Approved	84		0		0
MRI BRAIN (head); without contrast material	HEADACHE	FAMILY PRACTICE	Denied	9	Services are not medically necessary	9		0
MRI BRAIN (head); without contrast material	HEADACHE	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	Imaging Center	Approved	5		0		0
MRI BRAIN (head); without contrast material	HEADACHE	INTERNAL MEDICINE	Approved	39		0		0
MRI BRAIN (head); without contrast material	HEADACHE	INTERNAL MEDICINE	Denied	10	Services are not medically necessary	10		0
MRI BRAIN (head); without contrast material	HEADACHE	NEUROLOGY	Approved	76		0		0
MRI BRAIN (head); without contrast material	HEADACHE	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	HEADACHE	NEUROSURGERY	Approved	5		0		0
MRI BRAIN (head); without contrast material	HEADACHE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	NURSE PRACTITIONER	Approved	3		0		0
MRI BRAIN (head); without contrast material	HEADACHE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	OTHER	Approved	2		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PAIN MANAGEMENT	Approved	3		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRIC NEPHROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRIC NEUROLOGIST	Approved	10		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRICS	Approved	11		0		0

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MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PLASTIC SURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material	HEADACHE	RHEUMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	HEADACHE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	URGENT CARE	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEMIPLG FLW NONTRM SUBARACH HEM AFF LT DOM SIDE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEREDITARY MOTOR AND SENSORY NEUROPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HYDROCEPHALUS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYDROCEPHALUS UNSPECIFIED	NEUROSURGERY	Approved	5		0		0
MRI BRAIN (head); without contrast material	HYDROCEPHALUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYDROCEPHALUS UNSPECIFIED	PEDIATRIC NEUROSURGEON	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYDROCEPHALUS UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HYPEROSTOSIS OF SKULL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HYPERPROLACTINEMIA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYPERPROLACTINEMIA	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HYPERSOMNIA UNSPECIFIED	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	HYPO-OSMOLALITY AND HYPONATREMIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYPOPITUITARISM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYPOPITUITARISM	PEDIATRIC ENDOCRINOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYPOPITUITARISM	PEDIATRIC ENDOCRINOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HYPOTHYROIDISM UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	INSOMNIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	INTRACRANIAL ABSCESS AND GRANULOMA	GENERAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	INTRACRANIAL ABSCESS AND GRANULOMA	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	IRON DEFICIENCY ANEMIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	JUVENILE MYOCLONIC EPIL INTRACTABLE WITHOUT SE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	LESION OF ULNAR NERVE UNSPECIFIED UPPER LIMB	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	SURGERY- PLASTIC	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL IDIO EPI W/SEIZ LOC ONSET INTRCT W/O SE	NEUROLOGY	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	PEDIATRIC NEUROLOGIST	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/SPS INTRACT W/O STAT EPI	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	PEDIATRIC NEUROLOGIST	Approved	3		0		0
MRI BRAIN (head); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MACROCEPHALY	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	MACROCEPHALY	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MACROCEPHALY	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	MACROCEPHALY	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	MENINGITIS UNSPECIFIED	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MENTAL DISORDER NOT OTHERWISE SPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MICROCEPHALY	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MICROCEPHALY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MICROCEPHALY	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material	MICROCEPHALY	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	13		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	7		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	8		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	CARDIOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	18		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	15		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Approved	9		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	16		0		0

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MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	PEDIATRIC NEUROLOGIST	Approved	6		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIX CONDUCT SENSORINEURAL HEAR LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIX HEAR LOSS UNI RT EAR UNRESTRCT CONTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIX HEAR LOSS UNI RT EAR UNRESTRCT CONTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIXED HYPERLIPIDEMIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MOYAMOYA DISEASE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	19		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	SURGERY-NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MUSCLE WEAKNESS GENERALIZED	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	MUSCLE WEAKNESS GENERALIZED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MYOCLONUS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	NAUSEA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	NAUSEA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR CEREBRAL MENINGES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEURO & ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	NEUROFIBROMATOSIS TYPE 1	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	6		0		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	NONPSYCHOTIC MENTAL DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0

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MRI BRAIN (head); without contrast material	NONPYOGENIC THROMBOSIS INTRACRAN VENOUS SYSTEM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	NONTRAUMATIC INTRACEREBRAL HEM INTRAVENTRICULAR	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OBSTRUCTIVE HYDROCEPHALUS	GENERAL SURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material	OBSTRUCTIVE HYDROCEPHALUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OBSTRUCTIVE HYDROCEPHALUS	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OBSTRUCTIVE HYDROCEPHALUS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OCCIPITAL NEURALGIA	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	OCCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OPTIC NERVE HYPOPLASIA BILATERAL	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTH SPEC DISORDER INVOLVING IMMUNE MECHANISM NEC	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTH SPEC INTRACRAN INJURY LOC 30 MIN/< INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEPHROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	CARDIOVASCULAR	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROSURGERY	Approved	1		0		0

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MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLVING APPEAR & BEHAVIOR	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH TRANSIENT CERBRL ISCHEMIC ATTACKS & REL SYND	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	FAMILY PRACTICE	Approved	8		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	NEUROLOGY	Approved	26		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER CEREBROVASCULAR DISEASE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	OTHER COMPLICATED HEADACHE SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DEVELOPMENTAL DISORDERS SCHOLASTIC SKILLS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DEVELOPMENTAL DISORDERS SPEECH & LANGUAGE	SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DISORDERS OF FACIAL NERVE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DISORDERS OF PITUITARY GLAND	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DISSOCIATIVE AND CONVERSION DISORDERS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DISTURBANCES OF SKIN SENSATION	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DYSTONIA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER ENCEPHALOPATHY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER EPILEPSY NOT INTRACTABLE WITHOUT SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER EPILEPSY NOT INTRACTABLE WITHOUT SE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER HALLUCINATIONS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER HEADACHE SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER HEADACHE SYNDROME	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	OTHER HEADACHE SYNDROME	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER HYDROCEPHALUS	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER MALFORMATIONS OF CEREBRAL VESSELS	SURGERY-NEUROLOGY	Approved	2		0		0

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MRI BRAIN (head); without contrast material	OTHER PERIPHERAL VERTIGO UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER PERIPHERAL VERTIGO UNSPECIFIED EAR	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SEIZURES	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material	OTHER SEIZURES	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SEIZURES	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SEQUELAE OF CEREBRAL INFARCTION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SHOULDER LESIONS RIGHT SHOULDER	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPEC DISORDERS OF RT MIDDLE EAR & MASTOID	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED D/O ADULT PERSONALITY & BEHAVIOR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS OF MUSCLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS OF MUSCLE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED FORMS OF TREMOR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED INJURIES HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED PERIPHERAL VASCULAR DISEASES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED POLYNEUROPATHIES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SUBJECTIVE VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SYMBOLIC DYSFUNCTIONS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material	OTHER VISUAL DISTURBANCES	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OVERWEIGHT	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PAIN IN RIGHT HIP	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PALPITATIONS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PARALYTIC GAIT	FAMILY PRACTICE	Approved	1		0		0

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MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	7		0		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	11		0		0
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	SPORTS MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HX OTH ENDOCRN NUTRITIONL&METAB DISEASE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONALITY CHANGE DUE KNOWN PHYSIOLOGICAL COND	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONALITY CHANGE DUE KNOWN PHYSIOLOGICAL COND	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	POLYCYSTIC KIDNEY ADULT TYPE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	POLYNEUROPATHY UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTHERPETIC POLYNEUROPATHY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTLAMINECTOMY SYNDROME NEC	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	POST-TRAUMATIC HEADACHE UNSPECIFIED INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRECOCIOUS PUBERTY	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY CENTRAL SLEEP APNEA	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY EXERTIONAL HEADACHE	ANCILLARY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY EXERTIONAL HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY EXERTIONAL HEADACHE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY EXERTIONAL HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0

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MRI BRAIN (head); without contrast material	PRIMARY STABBING HEADACHE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	PRIMARY THUNDERCLAP HEADACHE	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material	PRIMARY THUNDERCLAP HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PRURITUS UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	PSEUDOBULBAR AFFECT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	RADICULOPATHY SITE UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SACRAL SPINA BIFIDA WITH HYDROCEPHALUS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	SCOTOMA INVOLVING CENTRAL AREA BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	SCOTOMA INVOLVING CENTRAL AREA LEFT EYE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	SENSORINURL HL UNI RT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material	SHORT STATURE CHILD	PEDIATRIC ENDOCRINOLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	SHORT STATURE CHILD	PEDIATRIC ENDOCRINOLOGIST	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	SIMPLE FEBRILE CONVULSIONS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	SLEEP DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	SOFT TISSUE DISORDER UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SPASMODIC TORTICOLLIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SPASMODIC TORTICOLLIS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	SPASTIC DIPLEGIC CEREBRAL PALSY	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	SPASTIC HEMIPLEGIC CEREBRAL PALSY	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	SPASTIC HEMIPLEGIC CEREBRAL PALSY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SPECIFIC READING DISORDER	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SPINA BIFIDA UNSPECIFIED	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material	SUDDEN VISUAL LOSS RIGHT EYE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Approved	4		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	RHEUMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0

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MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TESTICULAR HYPOFUNCTION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	THIRD OCULOMOTOR NERVE PALSY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TINNITUS BILATERAL	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	TINNITUS RIGHT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	TINNITUS UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TODDS PARALYSIS POSTEPILEPTIC	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT ALTERATION OF AWARENESS	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material	TRANSIENT ALTERATION OF AWARENESS	PEDIATRIC NEPHROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	4		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	8		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	TRANSIENT VISUAL LOSS BILATERAL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	TRANSIENT VISUAL LOSS UNSPECIFIED EYE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC INITIAL	GENERAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC INITIAL	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	TREMOR UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	TREMOR UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	TREMOR UNSPECIFIED	NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material	TREMOR UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	RADIATION THERAPY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TUBEROUS SCLEROSIS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material	Unknown	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	Unknown	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS DISORDER VESTIBULAR FUNCTION BILATERAL	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	UNS DISORDER VESTIBULAR FUNCTION BILATERAL	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS ICI LOC >24 HR RTN PREXIST CONSC LEVEL SEQ	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS INTRACRANIAL INJURY W/O LOC INITIAL ENCOUNTR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS LACK EXPECTED NORMAL PHYSIOLOG DEV IN CHILD	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNS LACK EXPECTED NORMAL PHYSIOLOG DEV IN CHILD	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS MENTAL DISORDER DUE KNOWN PHYSIOLOGICAL COND	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	UNS SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	ANCILLARY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS SYMPTOMS & SIGNS INVOLV THE NERVOUS SYSTEM	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPEC OPEN WOUND UNS PART HEAD INITIAL ENCNTER	GENERAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CHOLESTEATOMA BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	HOSPITAL	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	PEDIATRIC NEUROLOGIST	Approved	4		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	PEDIATRICS	Approved	3		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CORD COMPRESSION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material	UNSPECIFIED DISORDER OF LT MIDDLE EAR & MASTOID	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED DISTURBANCES OF SMELL AND TASTE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSPECIFIED NYSTAGMUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED NYSTAGMUS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED PAPILLEDEMA	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED SENSORINEURAL HEARING LOSS	SURGERY-PLASTIC OTOLARYNGOLOGICAL FACIAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED SKIN CHANGES	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED SPEECH DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL DISTURBANCE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL FIELD DEFECTS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL LOSS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSTEADINESS ON FEET	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSTEADINESS ON FEET	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	VERTEBRAL ARTERY COMPRESSION SYND SITE UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material	VERTEBRO-BASILAR ARTERY SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	SURGERY-PLASTIC OTOLARYNGOLOGICAL FACIAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	VESTIBULAR NEURONITIS UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	VISUAL DISCOMFORT BILATERAL	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	VISUAL DISCOMFORT UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	VISUAL HALLUCINATIONS	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material	VISUAL HALLUCINATIONS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	VITAMIN D DEFICIENCY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	VOGT-KOYANAGI SYNDROME UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	VOMITING WITHOUT NAUSEA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	WEAKNESS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL BRAIN SCAN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL BRAIN SCAN	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL POSTURE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL POSTURE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACROMEGALY AND PITUITARY GIGANTISM	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE FRONTAL SINUSITIS UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE VAGINITIS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX SEQUELA	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALCOHOL ABUSE UNCOMPLICATED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALLERGIC RHINITIS DUE TO POLLEN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALTERNATING ESOTROPIA	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALZHEIMERS DISEASE UNSPECIFIED	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AMAUROSIS FUGAX	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AMAUROSIS FUGAX	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AMAUROSIS FUGAX	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AMENORRHEA UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANDROGEN EXCESS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANOSMIA	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANTIPHOSPHOLIPID SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANXIETY DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	APHAGIA	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	APHASIA	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATAXIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATAXIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATAXIC GAIT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATTENTION AND CONCENTRATION DEFICIT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATYPICAL FACIAL PAIN	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATYPICAL FACIAL PAIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATYPICAL FACIAL PAIN	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATYPICAL FACIAL PAIN	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AURAL VERTIGO UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AUTISTIC DISORDER	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AUTISTIC DISORDER	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BASAL CELL CARCINOMA OVERLAPPING SITES OF SKIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BELLS PALSY	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BELLS PALSY	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BELLS PALSY	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BELLS PALSY	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BELLS PALSY	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	FAMILY PRACTICE	Approved	2		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEUROSURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEO SKIN SUBQ HEAD FACE NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM MID EAR NASAL CAV ACCESS SINUSES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN INFRATENTORIAL	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN INFRATENTORIAL	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN SUPRATENTORIAL	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROSURGERY	Approved	9		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NURSE PRACTITIONER	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	ONCOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	RADIATION ONCOLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	SURGERY-NEUROLOGY	Approved	10		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROSURGERY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	OTOLARYNGOLOGIST (ENT)	Approved	8		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	OTORHINOLARYNGOLOGIST (EENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	RADIATION ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	RADIATION THERAPY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF ENDOCRINE GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROSURGERY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	RADIATION ONCOLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	SURGERY-NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF NASOPHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF OTHER SPECIFIED PARTS OF CNS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	HEMATOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	SURGERY-GENERAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PINEAL GLAND	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	DIABETES & METABOLISM	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	ENDOCRINOLOGY	Approved	20		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	FAMILY PRACTICE	Approved	9		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	GERIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	INTERNAL MEDICINE	Approved	17		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROLOGY	Approved	14		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	Approved	15		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Approved	19		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	UROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF RIGHT CHOROID	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	SURGERY-NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	Other	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BLEPHAROSPASM	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BLEPHAROSPASM	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BROWNS SHEATH SYNDROME LEFT EYE	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CARCINOMA IN SITU OF BLADDER	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CELIAC DISEASE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL ATHEROSCLEROSIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	SURGERY-NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCT D/T EMBOLISM OTH CEREBRAL ART	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCT D/T UNS OCCL/STEN UNS CEREB ART	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION D/T UNS OCC/STENOSIS UNS ACA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	OTHER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL ISCHEMIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBROVASCULAR DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHILDHOOD ONSET FLUENCY DISORDER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHOLESTEATOMA OF ATTIC RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC CLUSTER HEADACHE INTRACTABLE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEPHROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	12		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	8		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC PANSINUSITIS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC POST-TRAUMATIC HEADACHE NOT INTRACTABLE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC SINUSITIS UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMPLEX FEBRILE CONVULSIONS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	FAMILY PRACTICE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONCUSSION WITH LOC UNSPECIFIED DURATION SEQUELA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONCUSSION WITHOUT LOC SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONDUCT HL UNI RT EAR UNRESTRICT CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONDUCTIVE HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONDUCTIVE HEARING LOSS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGEN ADRENOGENITAL D/O ASSOC W/ENZYME DEFIC	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGEN MALF SYND PREDOM ASSOC W/SHORT STATURE	PEDIATRIC ENDOCRINOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL CEREBRAL CYSTS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL CEREBRAL CYSTS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION OF OPTIC DISC	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONSTANT EXOPHTHALMOS LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONTUSION EYEBALL & ORB TISS LT EYE SUBSQT ENC	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CRANIAL NERVE DISORDER UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CUSHINGS SYNDROME UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	17		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DERMATITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEVELOPMENTAL DISORDER SPEECH AND LANGUAGE UNS	GENETICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEVELOPMENTAL DISORDER SPEECH AND LANGUAGE UNS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIABETES INSIPIDUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIABETES INSIPIDUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	NEURO & OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	OPTOMETRY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF CENTRAL NERVOUS SYSTEM UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF FACIAL NERVE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF FACIAL NERVE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF TRIGEMINAL NERVE UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF TRIGEMINAL NERVE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDERS OF BILATERAL ACOUSTIC NERVES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDERS OF GLOSSOPHARYNGEAL NERVE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDERS OF GLOSSOPHARYNGEAL NERVE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDERS OF LEFT ACOUSTIC NERVE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDERS OF OPTIC CHIASM DUE TO NEOPLASM	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDERS OF RIGHT ACOUSTIC NERVE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORIENTATION UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORIENTATION UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISSOCIATIVE AND CONVERSION DISORDER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	CARDIOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	19		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	9		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	24		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	6	Services are not medically necessary	6		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	OBSTETRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	49		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Denied	9	Services are not medically necessary	9		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	PAIN MANAGEMENT	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	PHYSICIAN ASSISTANT	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	PULMONARY DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	SPORTS MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DUANES SYNDROME RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DYSPHAGIA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DYSPHAGIA UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DYSPHAGIA UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ECTOPIC ACTH SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENCEPHALITIS AND ENCEPHALOMYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENCEPHALOPATHY UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENCEPHALOPATHY UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPTIC SEIZ EXT CAUS NOT INTRACT W/O STAT EPI	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPISODIC CLUSTER HEADACHE INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPISODIC PAROXYSMAL HEMICRANIA INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPISODIC TENSION-TYPE HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL PRIMARY HYPERTENSION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ESTROGEN RECEPTOR POSITIVE STATUS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EXTRAPYRAMIDAL AND MOVEMENT DISORDER UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EXTRAPYRAMIDAL AND MOVEMENT DISORDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FACIAL WEAKNESS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FACIAL WEAKNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FACIAL WEAKNESS	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FACIAL WEAKNESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FACIAL WEAKNESS	RHEUMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FASCICULATION	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FASCICULATION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FEVER UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FIBROUS DYSPLASIA MONOSTOTIC UNSPECIFIED SITE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FM HX EPILEPSY & OTHER DISEASES NERVOUS SYSTEM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA GRADE IIIA SPLEEN	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FX VAULT SKULL SUBSQT ENC FX W/ROUTINE HEALING	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GALACTORRHEA NOT ASSOCIATED WITH CHILDBIRTH	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GENERALIZED CONTRACTION VISUAL FIELD UNS EYE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	CHIROPRACTOR	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	EMERGENCY MEDICINE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	ENDOCRINOLOGY	Approved	8		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Approved	83		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	GENERAL PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	Imaging Center	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	INTERNAL MEDICINE	Approved	41		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NEPHROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Approved	91		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Denied	6	Services are not medically necessary	6		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NURSE PRACTITIONER	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	ONCOLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	OPHTHALMOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	OTHER	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	OTOLARYNGOLOGIST (ENT)	Approved	20		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PAIN MANAGEMENT	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PEDIATRICS	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PLASTIC SURGERY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	RHEUMATOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	SURGERY-GENERAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	UROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF INTRACRANIAL STRUCTURES	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF INTRACRANIAL STRUCTURES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF OTHER SITES	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA UNSPECIFIED SITE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMICRANIA CONTINUA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIC MIGRAINE INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIC MIGRAINE NOT INTRACT W/STATUS MIGR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEREDITARY ATAXIA UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HERPESVIRAL INFECTION UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HETERONYMOUS BILATERAL FIELD DEFECTS	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HICCOUGH	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HICCOUGH	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HOMONYMOUS BILATERAL FIELD DEFECTS RIGHT SIDE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HOMONYMOUS BILATERAL FIELD DEFECTS RIGHT SIDE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HOMONYMOUS BILATERAL FIELD DEFECTS UNS SIDE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HORNERS SYNDROME	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HORNERS SYNDROME	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYDROCEPHALUS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERACUSIS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERLIPIDEMIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	ENDOCRINOLOGY	Approved	14		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	Imaging Center	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	INTERNAL MEDICINE	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	OBSTETRICS & GYNECOLOGY	Approved	8		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	PEDIATRIC ENDOCRINOLOGIST	Approved	2		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	REPRODUCTIVE ENDOCRINOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	UROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	ENDOCRINOLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	HOSPITAL	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	PEDIATRIC ENDOCRINOLOGIST	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	UROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOTHYROIDISM UNSPECIFIED	DIABETES & METABOLISM	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOTHYROIDISM UNSPECIFIED	ENDOCRINOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOTHYROIDISM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOTHYROIDISM UNSPECIFIED	Physician	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	IDIOPATHIC OROFACIAL DYSTONIA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	IDIOPATHIC PROGRESSIVE NEUROPATHY	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	IDIOPATHIC PROGRESSIVE NEUROPATHY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	IDIOPATHIC PROGRESSIVE NEUROPATHY	RHEUMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	IMPACTED CERUMEN BILATERAL	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	INFECTIOUS MONONUCLEOSIS UNS W/O COMPLICATION	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	INFLAMMATORY POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	INTENTIONAL SH DROWNING & SUBMERSION UNS INITIAL	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	INTERMITTENT ALTERNATING EXOTROPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	INTRACRANIAL ABSCESS AND GRANULOMA	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	INTRACRANL & INTRASPINAL PHLEBIT & THROMBOPHLEBIT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	INTRACRANL & INTRASPINAL PHLEBIT & THROMBOPHLEBIT	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY UNSPECIFIED EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	JUVENILE MYOCLONIC EPIL NOT INTRACTABLE W/SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LABYRINTHINE DYSFUNCTION LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LABYRINTHINE DYSFUNCTION UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LABYRINTHINE DYSFUNCTION UNSPECIFIED EAR	SPORTS MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LABYRINTHINE FISTULA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LABYRINTHITIS BILATERAL	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LABYRINTHITIS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LEPTOSPIROSIS ICTEROHEMORRHAGICA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	HOSPITAL	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Approved	15		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/SE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LYME DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LYMPHANGIOLEIOMYOMATOSIS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM OF SMALL INTESTINE UNSPECIFIED	NEURO & ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SCALP AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SCALP AND NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CEREBRUM NO LOBES VENTRICLES	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	RADIATION ONCOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HEMATOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	12		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEURO & ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEURO & ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Approved	31		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	11		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	OTHER	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	RADIATION ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CENTRAL NERVOUS SYSTEM UNS	OTHER	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	NEURO & ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBRAL MENINGES	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF EXOCERVIX	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	RADIATION ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PARIETAL LOBE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PARIETAL LOBE	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PINEAL GLAND	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PINEAL GLAND	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT RETINA	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	RADIATION THERAPY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	RADIATION THERAPY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TEMPORAL LOBE	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TEMPORAL LOBE	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	HEMATOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF VAGINA	NUCLEAR MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF TONGUE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	SURGERY-THORACIC	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT OTITIS EXTERNA LEFT EAR	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENIERES DISEASE LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENIERES DISEASE RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENIERES DISEASE UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENSTRUAL MIGRAINE INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENSTRUAL MIGRAINE NO INTRACT W/O STAT MIGRAINOS	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MERALGIA PARESTHETICA RIGHT LOWER LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MESOTHELIOMA OF PLEURA	THORACIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MICROCEPHALY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MICROCEPHALY	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	ALLERGY & IMMUNOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	9		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	8	Services are not medically necessary	8		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	RHEUMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEURO & OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	14		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	PSYCHIATRY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MILD INTELLECTUAL DISABILITIES	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MITOCHONDRIAL METABOLISM DISORDER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIX CONDUCT SENSORINEURAL HEAR LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIX HEAR LOSS UNI LT EAR UNRESTRCT CONTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MOYAMOYA DISEASE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Multifocal motor neuropathy	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	HOSPITAL	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	172		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	6	Services are not medically necessary	6		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PEDIATRIC NEUROLOGIST	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MYELODYSPLASTIC SYNDROME UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MYELODYSPLASTIC SYNDROME UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MYOCLONUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA WITH VOMITING UNSPECIFIED	CHIROPRACTOR	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA WITH VOMITING UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA WITH VOMITING UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR CEREBRAL MENINGES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR CEREBRAL MENINGES	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR CEREBRAL MENINGES	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR CEREBRAL MENINGES	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR CEREBRAL MENINGES	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF PINEAL GLAND	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BHV CRANIOPHARYNGEAL DUCT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BHV CRANIOPHARYNGEAL DUCT	NEUROSURGERY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BHV CRANIOPHARYNGEAL DUCT	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	GENERAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ENDOCRINOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROSURGERY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	PEDIATRIC ENDOCRINOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	SURGERY-NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROSURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	SURGERY-NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR UNS SITE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	NEUROSURGERY	Approved	2		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 2	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUTROPENIA UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	9		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	INTERNAL MEDICINE	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	8		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTOXIC SINGLE THYROID NODULE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTRAUMAT INTRACEREB HEMORR HEMISPHERE CORTICAL	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NULL	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NULL	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OCCIPITAL NEURALGIA	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OCCIPITAL NEURALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OCULAR PAIN LEFT EYE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OPTIC NERVE HYPOPLASIA LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OPTIC NERVE HYPOPLASIA RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OPTIC NERVE HYPOPLASIA RIGHT EYE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OPTIC PAPILLITIS LEFT EYE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTALGIA LEFT EAR	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTALGIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTALGIA LEFT EAR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTALGIA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH BENIGN NEOPLASM SKIN UNS EYELID INCL CANTHUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SLIP TRIP & STUMBLING W/O FALLING INIT ENC	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	PEDIATRIC NEUROLOGIST	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SPEC DEMYELINATING DZ OF CENTRAL NERVOUS SYS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SPEC DISORDER INVOLVING IMMUNE MECHANISM NEC	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SPEC INTRACRANIAL INJURY W/O LOC INIT ENC	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SPEC MENTAL D/O DUE KNOWN PHYSIOLOGICAL COND	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SPECIFIED CONGENITAL MALFORMATIONS OF HEART	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH TRANSIENT CERBRAL ISCHEMIC ATTACKS & REL SYND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH TYPES NON-HODGKIN LYMPH EXTRANOD SOLID ORGAN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH TYPES NON-HODGKIN LYMPH EXTRANOD SOLID ORGAN	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH VIRAL AGENT CAUSE DISEASES CLASSIFIED ELSW	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	SURGERY-HEAD AND NECK	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ACQUIRED DEFORMITY OF HEAD	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ACQUIRED DEFORMITY OF HEAD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ADRENOCORTICAL OVERACTIVITY	ENDOCRINOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Approved	10		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER COMPLICATED HEADACHE SYNDROME	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER COMPLICATED HEADACHE SYNDROME	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISEASES OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF NERVOUS SYSTEM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF ORBIT	RHEUMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF PITUITARY GLAND	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF PITUITARY GLAND	NEUROSURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF PITUITARY GLAND	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF PITUITARY GLAND	SURGERY-NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	NEURO & OPHTHALMOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	NEURO & OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS VESTIBULAR FUNCTION UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SMELL AND TASTE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DYSTONIA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER FATIGUE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER FATIGUE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER FORMS OF NYSTAGMUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER GENERAL SYMPTOMS AND SIGNS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER GIANT CELL ARTERITIS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	NEPHROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HYPERFUNCTION OF PITUITARY GLAND	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Other injury of unspecified body region, initial encounter	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER LACK OF COORDINATION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER LACK OF COORDINATION	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER MALFORMATIONS OF CEREBRAL VESSELS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER MALFORMATIONS OF CEREBRAL VESSELS	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER NEUROLOGIC DISORDERS IN LYME DISEASE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER NONTRAUMATIC INTRACEREBRAL HEMORRHAGE	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER OPTIC ATROPHY BILATERAL	OPHTHALMOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER OPTIC ATROPHY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER OPTIC NEURITIS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PERIPHERAL VERTIGO BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PERIPHERAL VERTIGO UNSPECIFIED EAR	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PERIPHERAL VERTIGO UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PHAKOMATOSES NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PHAKOMATOSES NOT ELSEWHERE CLASSIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PHAKOMATOSES NOT ELSEWHERE CLASSIFIED	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER POLYURIA	PEDIATRIC ENDOCRINOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PULMONARY COLLAPSE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SEASONAL ALLERGIC RHINITIS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SEIZURES	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SEIZURES	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SEIZURES	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SEIZURES	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC DISORDERS EUSTACHIAN TUBE RT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF RIGHT INNER EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROLOGY	Approved	4		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF MUSCLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED ENDOCRINE DISORDERS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED ENDOCRINE DISORDERS	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED ENDOCRINE DISORDERS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED ENDOCRINE DISORDERS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED FORMS OF TREMOR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS RIGHT EAR	PLASTIC SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED NONPSYCHOTIC MENTAL DISORDERS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SUBJECTIVE VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SYMPTOMS & SIGNS INVOLVING EMOTIONAL STATE	PSYCHIATRY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VITAMIN B12 DEFICIENCY ANEMIAS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTORRHAGIA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED LIMB	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAPILLEDEMA ASSOCIATED WITH RETINAL DISORDER	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARAGEUSIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARALYSIS OF VOCAL CORDS AND LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	DERMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEPHROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	Approved	11		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARKINSONS DISEASE	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/SM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF ESOPHAGUS	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OTH INFECTIOUS & PARASITIC DZ	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HX OTH ENDOCRN NUTRITIONL&METAB DISEASE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HX OTH ENDOCRN NUTRITIONL&METAB DISEASE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	OTHER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	OTHER	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONALITY DISORDER UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PITUITARY-DEPENDENT CUSHINGS DISEASE	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POLYDIPSIA	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	SURGERY-THORACIC	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTPROCEDURAL HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTPROCEDURAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTPROCEDURL ADRENOCORTICAL-MEDULLARY HYPOFUNCT	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POST-TRAUMATIC HEADACHE UNSPECIFIED INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRECOCIOUS PUBERTY	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRECOCIOUS PUBERTY	PEDIATRIC ENDOCRINOLOGIST	Approved	2		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRESBYCUSIS UNSPECIFIED EAR	Other	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY COUGH HEADACHE	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY EXERTIONAL HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY EXERTIONAL HEADACHE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY EXERTIONAL HEADACHE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY GENERALIZED OSTEOARTHRITIS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Primary open-angle glaucoma, bilateral, mild stage	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Primary open-angle glaucoma, bilateral, moderate stage	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY STABBING HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY STABBING HEADACHE	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY STABBING HEADACHE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY THUNDERCLAP HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRURITUS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PSEUDOHYPOPARYTHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PSEUDOPAPILLEDEMA OF OPTIC DISC BILATERAL	OPTOMETRY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICOTHORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RETINAL ARTERY BRANCH OCCLUSION LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RETINAL ARTERY BRANCH OCCLUSION RIGHT EYE	INTERNAL MEDICINE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RETROGRADE AMNESIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	REVERSIBLE CEREBRVASC VASOCONSTRICTION SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SARCOIDOSIS OF OTHER SITES	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SARCOIDOSIS UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SCHWANNOMATOSIS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SCOTOMA INVOLVING CENTRAL AREA BILATERAL	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SCOTOMA INVOLVING CENTRAL AREA BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SCOTOMA INVOLVING CENTRAL AREA LEFT EYE	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SCOTOMA INVOLVING CENTRAL AREA RIGHT EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY HYPERALDOSTERONISM	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NEUROSURGERY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Approved	26		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Denied	5	Services are not medically necessary	5		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION THERAPY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OTH SPECIFIED SITES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY POLYCYTHEMIA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINEURAL HEARING LOSS BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINEURAL HEARING LOSS BILATERAL	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	23		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	12		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINURL HL UNI RT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	16		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINURL HL UNI RT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SHORT STATURE CHILD	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SHORT STATURE CHILD	PEDIATRIC ENDOCRINOLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SHORT STATURE DUE TO ENDOCRINE DISORDER	PEDIATRIC ENDOCRINOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SICCA SYNDROME UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SICCA SYNDROME UNSPECIFIED	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIMPLE FEBRILE CONVULSIONS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY LEFT EYE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY LEFT EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY LEFT EYE	OPTOMETRY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY RIGHT EYE	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SLEEP DISORDER UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SLEEP DISORDER UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SLURRED SPEECH	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISS	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SPASMODIC TORTICOLLIS	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SPASMODIC TORTICOLLIS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SPASMODIC TORTICOLLIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SQUAMOUS CELL CA SKIN RT EAR EXT AURICULAR CANAL	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS LEFT EAR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS RIGHT EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS RIGHT EAR	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN VISUAL LOSS UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	6		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	DIABETES & METABOLISM	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	ENDOCRINOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	Imaging Center	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	UROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	THIRD OCULOMOTOR NERVE PALSY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	THYROTOXICOSIS UNS W/O THYROTOXIC CRISIS/STORM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TIC DISORDER UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	NEUROLOGY	Approved	10		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	4	Services are not medically necessary	4		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS RIGHT EAR	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS RIGHT EAR	INTERNAL MED/GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS RIGHT EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS RIGHT EAR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT ALTERATION OF AWARENESS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	GENERAL PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEURO & OPHTHALMOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	15		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT GLOBAL AMNESIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT VISUAL LOSS LEFT EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT VISUAL LOSS RIGHT EYE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT VISUAL LOSS RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRAUMATIC RUPTURE UNS EAR DRUM INITIAL ENCOUNTER	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC INITIAL	GENERAL SURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	RADIATION ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TUBEROUS SCLEROSIS	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TUBEROUS SCLEROSIS	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	OTHER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	NEUROLOGY	Approved	12		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS DISORDER VESTIBULAR FUNCTION BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS DISORDER VESTIBULAR FUNCTION UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS INTRACRAN INJURY LOC 30 MIN/LESS SUBSQT ENC	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS INTRACRANIAL INJURY WITHOUT LOC SEQUELA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS SX & SIGNS INVLV GEN SENSATION & PERCEPTIONS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS SX & SIGNS INVLV GEN SENSATION & PERCEPTIONS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS SYMPTOMS & SIGNS INVOLV THE NERVOUS SYSTEM	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CHOLESTEATOMA BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CHOLESTEATOMA BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED COMA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	HOSPITAL	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	20		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	PEDIATRIC NEUROLOGIST	Approved	2		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER OF BINOCULAR VISION	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER OF EAR UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER OF ORBIT	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER OF VISUAL PATHWAYS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SMELL AND TASTE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SMELL AND TASTE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED ESOTROPIA	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED EXOPHTHALMOS	OPTOMETRY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED GLAUCOMA	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS RIGHT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS RIGHT EAR	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS RIGHT EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED INJURY OF HEAD SEQUELA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED INJURY OF HEAD SEQUELA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED INTELLECTUAL DISABILITIES	PEDIATRICS	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED NYSTAGMUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED NYSTAGMUS	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED NYSTAGMUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED NYSTAGMUS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC ATROPHY	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	OPTOMETRY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPTOMETRY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF LEFT EYELID	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF RIGHT EYELID	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF RIGHT EYELID	NEPHROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	INTERNAL MEDICINE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGIST (ENT)	Approved	15		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	PLASTIC SURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	SURGERY-PLASTIC OTOLARYNGOLOGICAL FACIAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	8		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL LOSS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL LOSS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSTEADINESS ON FEET	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSTEADINESS ON FEET	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VARICOSE VEINS OF OTHER SPECIFIED SITES	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VASCULAR HEADACHE NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTEBRO-BASILAR ARTERY SYNDROME	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTEBRO-BASILAR ARTERY SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN BILATERAL	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN BILATERAL	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	SURGERY-PLASTIC OTOLARYNGOLOGICAL FACIAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VESTIBULAR NEURONITIS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VISUAL DISCOMFORT UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VISUAL DISCOMFORT UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	WEAKNESS	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	WEAKNESS	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	WEAKNESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	WHITE MATTER DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ZOSTER WITH OTHER COMPLICATIONS	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN STEM W/DYE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HOSPITAL	Approved	2		0		0
MRI BRAIN STEM W/O & W/DYE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	ALZHEIMER'S DISEASE, UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	ANESTHESIA OF SKIN	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Facility	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	DIPLOPIA	Ancillary	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	HEADACHE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	HEADACHE	Facility	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	HEADACHE	HOSPITAL	Approved	2		0		0
MRI BRAIN STEM W/O & W/DYE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HOSPITAL	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN STEM W/O & W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	MULTIPLE SCLEROSIS	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	OTHER HEADACHE SYNDROME	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	OTHER SPECIFIED DISORDERS OF BRAIN	Radiology	Denied	2	Services are not medically necessary	2		0
MRI BRAIN STEM W/O & W/DYE	SYNCOPE AND COLLAPSE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	TRIGEMINAL NEURALGIA	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O DYE	FAMILY HISTORY OF STROKE	RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O DYE	HEADACHE	RADIOLOGY	Approved	3		0		0
MRI BRAIN STEM W/O DYE	MULTIPLE SCLEROSIS	RADIOLOGY	Approved	1		0		0
MRI BRAIN STEM W/O DYE	OTHER ABNORMAL AUDITORY PERCEPTIONS, UNSPECIFIED EAR	Ancillary	Approved	1		0		0
MRI BRAIN STEM W/O DYE	OTHER AMNESIA	RADIOLOGY	Approved	2		0		0
MRI BRAIN STEM W/O DYE	PAIN IN UNSPECIFIED KNEE	RADIOLOGY	Approved	1		0		0
MRI BRAIN W/O & W/DYE	E23.6 - Other disorders of pituitary gland	Neurosurgery	Approved	1		0		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	HOSPITAL	Approved	1		0		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	NEUROSURGERY	Approved	1		0		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	PRIMARY EXERTIONAL HEADACHE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY	Approved	1		0		0
MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRI BREAST BILATERAL, without and/or with contrast material(s)	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	INTERNAL MEDICINE	Approved	1		0		0
MRI BREAST BILATERAL, without and/or with contrast material(s)	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	GENERAL SURGERY	Approved	2		0		0
MRI BREAST BILATERAL, without and/or with contrast material(s)	MASTODYNIA	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRI BREAST BILATERAL, without and/or with contrast material(s)	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BREAST BILATERAL, without and/or with contrast material(s)	Unspecified lump in the left breast, unspecified quadrant	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI BREAST C- BILATERAL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Pediatrics	Approved	1		0		0
MRI BREAST C- BILATERAL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Pediatrics	Approved	1		0		0
MRI BREAST C+ W/CAD BI	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Pediatrics	Approved	1		0		0
MRI BREAST C+ W/CAD BI	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Pediatrics	Approved	1		0		0
MRI BREAST UNILATERAL, without and/or with contrast material(s)	Unspecified lump in unspecified breast	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	ABNORMAL REFLEX	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	CERVICALGIA	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	DIFFUSE FOLLICLE CENTER LYMPHOMA NODES MX SITE	HEMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	NEURO & ONCOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	UNSPECIFIED KYPHOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ACUTE PAIN DUE TO TRAUMA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS OF CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS OF CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANTERIOR CORD SYNDROME	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANXIETY DISORDER UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	ARTHRODESIS STATUS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ARTHROPATHIC PSORIASIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ATAXIA UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ATAXIA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ATYPICAL FACIAL PAIN	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BENIGN PAROXYSMAL VERTIGO LEFT EAR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BRACHIAL PLEXUS DISORDERS	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BRACHIAL PLEXUS DISORDERS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BURSITIS OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CARPAL TUNNEL SYNDROME UNSPECIFIED UPPER LIMB	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CENTRAL PAIN SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CEREBRAL CYSTS	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CEREBRAL CYSTS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY CERVICOTHOR RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY CERVICOTHOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PAIN MANAGEMENT	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	URGENT CARE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS CERVICOTHORACIC RGN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PULMONARY DISEASES	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Approved	8		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTOR	Approved	14		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTOR	Denied	6	Services are not medically necessary	6		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	EMERGENCY MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ENDOCRINOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	50		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	67	Services are not medically necessary	67		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	GASTROENTEROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	GENERAL PRACTICE	Denied	3	Services are not medically necessary	3		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	GENERAL SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	HOSPITAL	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	Imaging Center	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	Imaging Center	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INFECTIOUS DISEASES	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	14		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	28	Services are not medically necessary	28		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROLOGY	Approved	31		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROLOGY	Denied	19	Services are not medically necessary	19		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Approved	15		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Denied	10	Services are not medically necessary	10		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	OPHTHALMOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC - NON SURGICAL	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC SURGERY	Approved	10		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC SURGERY	Denied	10	Services are not medically necessary	10		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	OTHER	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Approved	21		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Denied	18	Services are not medically necessary	18		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PEDIATRICS	Approved	3		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	12		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	8	Services are not medically necessary	8		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	Physician	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICIAN ASSISTANT	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PODIATRY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	RHEUMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SPINAL SURGEON	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SPORTS MEDICINE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Denied	7	Services are not medically necessary	7		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	56		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Denied	31	Services are not medically necessary	31		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICOBRACHIAL SYNDROME	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICOBRACHIAL SYNDROME	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS IN REMISS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	6		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC PAROXYSMAL HEMICRANIA INTRACTABLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC POST-TRAUMATIC HEADACHE INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPLEX REGIONAL PAIN SYNDROME I LEFT UPPER LIMB	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CONGEN SCOLIOSIS DUE CONGEN BONY MALFORMATION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CONGENITAL DEFORMITY OF SPINE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CRAMP AND SPASM	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CRAMP AND SPASM	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISORDER OF BRAIN UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISORDER OF CENTRAL NERVOUS SYSTEM UNSPECIFIED	NEUROLOGY	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	DISSOCIATIVE AND CONVERSION DISORDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DORSOPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	EFFUSION OTHER SITE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	EPISODIC TENSION-TYPE HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FAMILIAL DYSAUTONOMIA RILEY-DAY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FAMILIAL DYSAUTONOMIA RILEY-DAY	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FIBROMYALGIA	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FLAT FOOT PES PLANUS ACQUIRED RIGHT FOOT	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FLAT FOOT PES PLANUS ACQUIRED RIGHT FOOT	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FLATBACK SYNDROME SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FLATBACK SYNDROME SITE UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE CERVICAL REGION	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE CERVICAL REGION	ORTHOPEdic SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE THORACIC REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MED/GASTROENTEROLO GY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEADACHE	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HORNERS SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	HYDROCEPHALUS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	IMPINGEMENT SYNDROME OF LEFT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INFLAMMATORY POLYARTHRopathy	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INFLAMMATORY POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INJURY NERVE ROOT OF C-SPINE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INSOMNIA DUE TO MEDICAL CONDITION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULopathy LS RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULopathy LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULopathy LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULopathy LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULopathy LUMB RGN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULopathy THORACIC	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	JUVENILE IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGN	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	JUVENILE OSTEOCHONDROSIS SPINE SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	JUVENILE RHEUMATOID POLYARTHRITIS SERONEGATIVE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LESION OF RADIAL NERVE RIGHT UPPER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LESION OF SCIATIC NERVE UNSPECIFIED LOWER LIMB	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MONONEUROPATHY UNSPECIFIED	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MONOPLÉGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MONOPLÉGIA UPPER LIMB LEFT DOMINANT SIDE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE CONGENITAL EXOSTOSES	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	12		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	OTHER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NERV ROOT & PLEXUS COMPRESSIONS IN DZ CLASS ELSW	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEURALGIC AMYOTROPHY	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NULL	RHEUMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OCCIPITAL NEURALGIA	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OCCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OCCCLUSION & STENOSIS UNS PRECEREBRAL ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OPTIC NERVE HYPOPLASIA BILATERAL	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OSTEOPHYTE VERTEBRAE	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OSTEOPHYTE VERTEBRAE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OSTEOPHYTE VERTEBRAE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERV DISC DISPLACMENT HIGH CERVICAL REG	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ANCILLARY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	OTHER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEdic	Approved	11		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	ORTHOPEdic SURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	SURGERY-ORTHOPEdic	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CONGEN MALFORM SPINE NOT ASSOC W/SCOLIOSIS	NEONATALOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CONGEN MALFORM SPINE NOT ASSOC W/SCOLIOSIS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH NDSPLC FX 2ND CERV VERT INITIAL ENC CLOS FX	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPEC INFLAM SPONDYLOPATHIES CERV REGION	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	OSTEOPATHIC MANIPULATIVE MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	12		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	OTHER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRIC ORTHOPEDIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER FATIGUE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER FORMS OF SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER HEADACHE SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER HEADACHE SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER INSTABILITY RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER INSTABILITY RIGHT SHOULDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER KYPHOSIS CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER MUSCLE SPASM	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER NEUROLOGIC DISORDERS IN LYME DISEASE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SECONDARY KYPHOSIS CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	GENERAL SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	NEUROSURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPEC EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIC ARTHROPATHIES NEC UNS SITE	RHEUMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED ARTHRITIS MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED CONGENITAL MALFORMATION SYND NEC	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISORDERS OF MUSCLE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED ENDOCRINE DISORDERS	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED FORMS OF TREMOR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED FORMS OF TREMOR	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED POLYNEUROPATHIES	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED POLYNEUROPATHIES	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED SPONDYLOPATHIES CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	RHEUMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	2		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICOTHORACIC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT ANKLE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT ARM	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT ARM	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	ORTHOPEdic SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	Physician	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT ARM	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT ARM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	Other	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED ELBOW	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED SHOULDER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFCT REGIONS NECK BACK SAC SC RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PAIN MANAGEMENT	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK THOR REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	8		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	URGENT CARE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARKINSONS DISEASE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PERSON INJURED UNS MOTOR-VEH ACC TRAF SUB ENC	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POLYOSTEOARTHRTIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	NEUROSURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POST-TRAUMATIC HEADACHE UNSPECIFIED INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTURAL KYPHOSIS CERVICOTHORACIC REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PRIMARY OSTEOARTHRTIS LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PRIMARY STABBING HEADACHE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	QUADRIPLEGIA UNSPECIFIED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	19		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	11	Services are not medically necessary	11		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Approved	28		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Denied	17	Services are not medically necessary	17		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	EMERGENCY MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	79		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	86	Services are not medically necessary	86		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	GENERAL PRACTICE	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	Imaging Center	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	26		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	45	Services are not medically necessary	45		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEPHROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	57		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	38	Services are not medically necessary	38		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	23		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	11	Services are not medically necessary	11		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NURSE PRACTITIONER	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NURSE PRACTITIONER	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	OPHTHALMOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	16		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	11	Services are not medically necessary	11		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	Other	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	41		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	31	Services are not medically necessary	31		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSIATRY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	44		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	25	Services are not medically necessary	25		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PREVENTIVE MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	RADIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	RHEUMATOLOGY	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	RHEUMATOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Approved	13		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-GENERAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-HAND	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	16		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	8	Services are not medically necessary	8		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	89		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	59	Services are not medically necessary	59		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SECONDARY MALIGNANT NEOPLASM OF BONE	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	FAMILY PRACTICE	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	NEUROLOGY	Approved	9		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPECIFIC READING DISORDER	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINA BIFIDA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINA BIFIDA UNSPECIFIED	NEUROSURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL INSTABILITIES LUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL MUSCULAR ATROPHY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	INTERNAL MEDICINE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROLOGY	Approved	11		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROLOGY	Denied	6	Services are not medically necessary	6		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	9		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NURSE PRACTITIONER	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	8		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS THORACIC REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	CHIROPRACTOR	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS THORACIC REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH OA-AX RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC SURGERY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	8		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	7	Services are not medically necessary	7		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICIAN ASSISTANT	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	12		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Denied	12	Services are not medically necessary	12		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN JOINT & LIGAMENTS UNS PARTS NECK INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	CHIROPRACTOR	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN UNS PARTS THORAX INITIAL ENCOUNTER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	STIFFNESS OF UNSPECIFIED JOINT NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	STRAIN OTH M&T SHLDR UP ARM LEVL LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	ANESTHESIOLOGY	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROSURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	THORACOGENIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TINNITUS LEFT EAR	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TORTICOLLIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TRIGEMINAL NEURALGIA	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	ANESTHESIOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	CHIROPRACTOR	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	CHIROPRACTOR	Denied	6	Services are not medically necessary	6		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	FAMILY PRACTICE	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PAIN MANAGEMENT	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-ORTHOPEDIC	Approved	12		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-ORTHOPEDIC	Denied	8	Services are not medically necessary	8		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNS SEQUELAE UNSPECIFIED CEREBROVASCULAR DISEASE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPEC DISPLACED FX 2ND CERV VERT INIT CLOS FX	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED CORD COMPRESSION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED DISORDER OF BINOCULAR VISION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED GLAUCOMA	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INJURY OF NECK INITIAL ENCOUNTER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INJURY OF NECK INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INJURY OF NECK SUBSEQUENT ENCOUNTER	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED KYPHOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED KYPHOSIS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED KYPHOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED VISUAL LOSS	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED VOICE RESONANCE DISORDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	VITAMIN D DEFICIENCY UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	WEAKNESS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	WEAKNESS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ACUTE HEMATOGENOUS OSTEO MYELITIS UNS SITE	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ATAXIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ATAXIC GAIT	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	AUTOIMMUNE THYROIDITIS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF THYMUS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	SURGERY-HAND	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	Denied	11	Services are not medically necessary	11		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MEDICINE	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	15		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DYSARTHRIA FOLLOWING UNS CEREBROVASCULAR DISEASE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ENLARGED LYMPH NODES UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL TREMOR	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL TREMOR	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	FASCICULATION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNS XTRANOD & SLID ORGN SITE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	HICCOUGH	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	LESION OF ULNAR NERVE UNSPECIFIED UPPER LIMB	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	RADIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	3		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	ONCOLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	NEURO & ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	RADIATION THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	NEURO & ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MENINGITIS UNSPECIFIED	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MIXED HYPERLIPIDEMIA	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MONOPLÉGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Multifocal motor neuropathy	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	ANESTHESIOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	HOSPITAL	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	132		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	OTHER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	SURGERY-NEUROLOGY	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MYONEURAL DISORDER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM RELATED PAIN ACUTE CHRONIC	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEURALGIA AND NEURITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 2	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NONPYOGENIC THROMBOSIS INTRACRAN VENOUS SYSTEM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OSSEOUS & SUBLUX STENOS IV FORAMINA CERV REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OSTEOMYELITIS UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERV DISC DEGEN HIGH CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Approved	2		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPEC CONGENITAL MALFORMATIONS CIRC SYSTEM	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER DYSTONIA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FX	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SEASONAL ALLERGIC RHINITIS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF SPINAL CORD	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF SPINAL CORD	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDER TEMPOROMANDIBULAR JOINT	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER VASCULAR MYELOPATHIES	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN LEFT ARM	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN RIGHT ARM	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED SHOULDER	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	NEUROSURGERY	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC - NON SURGICAL	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	9		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	RHEUMATOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICOTHORACIC REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SOMATOFORM DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLISTHESIS LUMBOSACRAL REGION	GENERAL PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	STIFFNESS OF UNSPECIFIED JOINT NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	STIFFNESS OF UNSPECIFIED SHOULDER NEC	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROSURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TORTICOLLIS	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Unknown	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	3		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED JUVENILE RA MULTIPLE SITES	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEURO & ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL LOSS	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	WHITE MATTER DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	ONCOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	ACQUIRED DEFORMITY OF CHEST AND RIB	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	2		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	CHEST PAIN UNSPECIFIED	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	RADIOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	HORNERS SYNDROME	OPHTHALMOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	ONCOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-GENERAL	Approved	1		0		0

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MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MEDIASTINUM PART UNS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE ENDOCRINE NEOPLASIA TYPE I	ENDOCRINOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE ENDOCRINE NEOPLASIA TYPE I	HOSPITAL	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE ENDOCRINE NEOPLASIA TYPE I	NURSE PRACTITIONER	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE ENDOCRINE NEOPLASIA TYPE I	ONCOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	RADIATION THERAPY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	NULL	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	OTH FRACTURE T5-T6 VERT INIT ENC CLOS FRACTURE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEOPLASM OF SKIN UNSPECIFIED	ONCOLOGY	Approved	2		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC OSTEOMYELITIS OTHER SITE	HOSPITAL	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	PERICARDIAL EFFUSION NONINFLAMMATORY	PEDIATRIC PULMONOLOGIST	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	PLEURODYNIA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	SCHWANNOMATOSIS	PULMONARY DISEASES	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	SCHWANNOMATOSIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Unknown	ONCOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	CHEST PAIN UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	CHEST PAIN UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	COARCTATION OF AORTA	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	HORNERS SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	LOCALIZED ENLARGED LYMPH NODES	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	OTHER CHEST PAIN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	PARESTHESIA OF SKIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	PERICARDITIS IN DISEASES CLASSIFIED ELSEWHERE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	SCHWANNOMATOSIS	PULMONARY DISEASES	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	SPORTS MEDICINE	Approved	3		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	STRAIN MUSCLE FASC TEND POST THIGH RT SUB ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	UNS INJ MUSCLE & TENDON FRONT WALL THORAX INIT	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI CHEST SPINE W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
MRI CHEST SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSP FEMALE BREAST	HOSPITAL	Approved	1		0		0
MRI CHEST SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
MRI CHEST SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Physician Assistant	Approved	1		0		0
MRI CHEST SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	Facility	Approved	1		0		0
MRI CHEST SPINE W/O & W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
MRI CHEST SPINE W/O & W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	HOSPITAL	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, R KNEE, INIT	HOSPITAL	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	EFFUSION, LEFT KNEE	HOSPITAL	Approved	2		0		0
MRI JNT OF LWR EXTRE W/O DYE	EFFUSION, RIGHT KNEE	HOSPITAL	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	EFFUSION, RIGHT KNEE	RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	FAMILY HISTORY OF STROKE	RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	HEADACHE	RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	OTHER INSTABILITY, RIGHT ANKLE	Radiology	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN LEFT HIP	HOSPITAL	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN LEFT KNEE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN LEFT KNEE	HOSPITAL	Approved	2		0		0
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN LEFT KNEE	RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0

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MRI JNT OF LWR EXTRE W/O DYE	PAIN IN RIGHT KNEE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN RIGHT KNEE	RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN UNSPECIFIED KNEE	RADIOLOGY	Approved	1		0		0
MRI JNT OF LWR EXTRE W/O DYE	UNSPECIFIED INTERNAL DERANGEMENT OF UNSPECIFIED KNEE	RADIOLOGY	Approved	1		0		0
MRI JOINT UPR EXTR W/O&W/DYE	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI JOINT UPR EXTR W/O&W/DYE	PAIN IN RIGHT WRIST	Facility	Approved	1		0		0
MRI JOINT UPR EXTREM W/DYE	IMPINGEMENT SYNDROME OF LEFT SHOULDER	ACUTE INPATIENT REHABILITATION	Approved	1		0		0
MRI JOINT UPR EXTREM W/DYE	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF L SHOULDER, NOT TRAUMA	ACUTE INPATIENT REHABILITATION	Approved	1		0		0
MRI JOINT UPR EXTREM W/DYE	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI JOINT UPR EXTREM W/DYE	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, SUBS	ACUTE INPATIENT REHABILITATION	Approved	1		0		0
MRI JOINT UPR EXTREM W/O DYE	LACERATION OF MUSC/TEND THE ROTATOR CUFF OF R SHOULDER, SUBS	HOSPITAL	Approved	1		0		0
MRI JOINT UPR EXTREM W/O DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Radiation Oncology	Approved	1		0		0
MRI JOINT UPR EXTREM W/O DYE	OTH SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NEC	HOSPITAL	Approved	1		0		0
MRI JOINT UPR EXTREM W/O DYE	PAIN IN RIGHT SHOULDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MRI JOINT UPR EXTREM W/O DYE	PAIN IN RIGHT SHOULDER	HOSPITAL	Approved	1		0		0
MRI JOINT UPR EXTREM W/O DYE	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
MRI LOWER EXTREMITY W/O DYE	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL	Facility	Approved	1		0		0
MRI LOWER EXTREMITY W/O DYE	PAIN IN RIGHT FOOT	RADIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	CONTRACTURE RIGHT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	DISORDER OF LIGAMENT RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	EFFUSION RIGHT ANKLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	FLAIL JOINT RIGHT HIP	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	INF INFLM RXN OTH INT ORTH PROS DEV GFT INIT ENC	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	LESION OF SCIATIC NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	LESION OF SCIATIC NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	MERALGIA PARESTHETICA LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTH INJ MUSCLE FASCIA TENDON LT HIP INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTH INJ MUSCLE FASCIA TENDON LT HIP SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lower Extremity, any joint; with contrast material(s)	OTH SPEC ENTHESOPATHIES LT LOW LIMB EXCLUD FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER INSTABILITY RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS UNS JOINT NEC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP SUBSEQUENT ENCOUNTER	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	ORTHOPEdic - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEdic	Approved	21		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT KNEE	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT KNEE	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT FOOT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	ORTHOPEdic SURGERY	Approved	5		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	ORTHOPEdic SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEdic	Approved	13		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEdic	Denied	8	Services are not medically necessary	8		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PNEUMOCOCCAL ARTHRITIS RIGHT HIP	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT LT KNEE SUBSQ	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	SPRAIN UNS COLLATERAL LIGAMENT LT KNEE SEQUELA	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	STRAIN MUSCLE FASCIA TENDON LEFT HIP INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	STRAIN MUSCLE FASCIA TENDON RT HIP SUBSQ	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	STRAIN MUSCLE FASCIA TENDON UNS HIP INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	STRESS FRACTURE LT FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	TROCHANTERIC BURISITIS LEFT HIP	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRTIS LEFT HIP	ORTHOPEdic - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRTIS LEFT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	Unknown	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	Unknown	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	UNSPECIFIED OSTEOARTHRTIS UNSPECIFIED SITE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIMBS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	ORTHOPEdic - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	SURGERY-ORTHOPEdic	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	PODIATRY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS UNSPECIFIED LEG	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS UNSPECIFIED LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS UNSPECIFIED LEG	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS UNSPECIFIED LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACUTE PAIN DUE TO TRAUMA	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ANTIPHOSPHOLIPID SYNDROME	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ARTHROPATHIC PSORIASIS UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	ARTHROPATHIES IN OTH DZ CLASS ELSW LT ANK & FT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM CNCTV OTH SOFT TISS LT LOW LIMB	PODIATRY	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM CNCTV OTH SOFT TISS RT LOW LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF NS LOW LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	14		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR LAT MENISC CURR LT KNEE SEQ	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR LAT MENSUS CURR LT KNEE INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR LAT MENSUS CURR LT KNEE INIT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR MED MENISC CURR UNS KNEE INIT	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR MED MENISC CURR UNS KNEE INIT	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR UNS MENISC CURR LT KNEE INIT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR UNS MENISC CURR LT KNEE INIT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR UNS MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	12		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR UNS MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CELLULITIS OF RIGHT LOWER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	15		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE UNSPECIFIED KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC PAIN DUE TO TRAUMA	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC PAIN SYNDROME	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC PAIN SYNDROME	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEdic SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEdic	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEdic	Approved	15		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEdic SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	36		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	ORTHOPEdic - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEdic SURGERY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	4		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	41		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPRESSION OF VEIN	SURGERY-VASCULAR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTRACTURE RIGHT HIP	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT KNEE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT KNEE INITIAL ENCOUNTER	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT KNEE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	15		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT KNEE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT KNEE SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT KNEE SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT THIGH INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT THIGH INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF RIGHT ANKLE INITIAL ENCOUNTER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF RIGHT KNEE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	12		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF RIGHT KNEE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF RIGHT KNEE SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF RIGHT KNEE SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF UNSPECIFIED KNEE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF UNSPECIFIED KNEE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CROHN'S DISEASE UNS WITHOUT COMPLICATIONS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CRUSHING INJURY OF LEFT KNEE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CUTANEOUS ABSCESS OF LIMB UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CUTANEOUS ABSCESS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CYSTIC MENISCUS UNS MEDIAL MENISCUS LT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG ANT HORN MED MENISC OLD TEAR/INJ RT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG POST HORN MED MENISC OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANGEMNT UNS MED MENISCUS OLD TEAR/INJ LT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	DERANGEMNT UNS MED MENISCUS OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANGEMNT UNS MED MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISLOCATION LEFT ANKLE JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISLOCATION RIGHT ANKLE JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISORDER OF BONE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT LEFT ANKLE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT RIGHT ANKLE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISORDER OF MUSCLE UNSPECIFIED	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPL FX LAT MALLEOLUS RT FIB SUBS CLOS FX RTN	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPL FX LT TIBIAL SPINE SUBSQT CLOS RTN HEAL	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPL FX MED CONDYLE RT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPL OC FX RT PATELLA SUBSQT CLOSED FX NONUNION	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPLACED AVUL FX LT TALUS INITIAL ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPLACED DOME FX RT TALUS INITIAL ENC CLOSED FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPLACED FX LT TIBIAL SPINE INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPLACED FX RT TIBIAL SPINE INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT ANKLE	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT ANKLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT ANKLE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT ANKLE	ORTHOPEdic - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT ANKLE	PODIATRY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT ANKLE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	FAMILY PRACTICE	Approved	11		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	ORTHOPEdic SURGERY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	SPORTS MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEdic	Approved	20		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	URGENT CARE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT ANKLE	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT ANKLE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT ANKLE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT ANKLE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT ANKLE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	CRITICAL CARE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	FAMILY PRACTICE	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	SPORTS MEDICINE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	21		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED ANKLE	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED JOINT	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	FAMILY PRACTICE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	INTERNAL MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	PODIATRY	Approved	14		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	22		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	UROLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	ENTHESOPATHY UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ENTHESOPATHY UNSPECIFIED	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	FALL FROM SNOW-SKIS INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	FLAIL JOINT LEFT HIP	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	FLAIL JOINT RIGHT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	FLAIL JOINT RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	FLAT FOOT PES PLANUS ACQUIRED LEFT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	FLEXION DEFORMITY LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	FX UNS METATARSAL BONES RT FOOT SUBSQT FX RTN HL	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	GANGLION LEFT ANKLE AND FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	GLUTEAL TENDINITIS RIGHT HIP	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	GOUT UNSPECIFIED	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	GOUT UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	HEMANGIOMA UNSPECIFIED SITE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	HEMARTHROSIS RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	HEMARTHROSIS RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	RHEUMATOLOGY	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED FEMUR	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC GOUT LEFT ANKLE AND FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC GOUT RIGHT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ILIOTIBIAL BAND SYNDROME LEFT LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ILIOTIBIAL BAND SYNDROME RIGHT LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	INFLAMMATORY POLYARTHRORPATHY	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	INFLAMMATORY POLYARTHRORPATHY	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL DISLOCATION LT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL DISLOCATION PROX TIBIA RT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL DISLOCATION RT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL SUBLUXATION LT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL SUBLUXATION PROX TIBIA LT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL SUBLUXATION RT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL SUBLUXATION RT PATELLA SUBSEQUENT ENCNR	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LIMITED MANDIBULAR RANGE OF MOTION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED EDEMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED EDEMA	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	VASCULAR SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE LEFT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE RIGHT KNEE	ORTHOPEdic SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE RIGHT KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE RIGHT KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LUMBAGO WITH SCIATICA LEFT SIDE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LYMPHEDEMA NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	MENIERES DISEASE UNSPECIFIED EAR	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	MERALGIA PARESTHETICA LEFT LOWER LIMB	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	MERALGIA PARESTHETICA RIGHT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	NDSPLC FX RT RADIAL STYLOID PRC INIT ENC CLO FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NONDISPL SPIRAL FX SHAFT LT TIBIA INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NONDISPLACED AVUL FX LT ILIUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NONDISPLACED FX NAVICULAR LT FT SUBSQT FX DELAY	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NONDISPLACED TRANS FX LT PATELLA INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NONDSPL FX FIRST METATARSAL LT FT SUBSQT FX DLAY	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	NONDSPL LONGITUDINAL FX RT PATELLA INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NULL	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OBESITY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF HIP UNSPECIFIED	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF KNEE UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF KNEE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF KNEE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF KNEE UNSPECIFIED	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF KNEE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF KNEE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS LT ANKLE JNTS LT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS LT ANKLE JNTS LT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS LT ANKLE JNTS LT FOOT	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RT ANKLE JNTS RT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RT ANKLE JNTS RT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS UNS ANKLE JOINTS FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDROPATHY UNS UNSPECIFIED ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEONECROSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOPHYTE LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH FRACTURE LT LOWER LEG INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMENT OTH MED MENISC UNS KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMENTS OTH MED MENISC LT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMENTS OTH MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SOFT TISS D/O REL OVERUSE PRESS RT ANK FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC ENTHESOPATHIES LT LOW LIMB EXCLUD FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC INJ LT ACHILLES TENDON SEQUELA	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC INJ LT QUAD MUSCLE FASC TENDON INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC INJ LT QUAD MUSCLE FASC TENDON INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC RHEUMATOID ARTHRITIS MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPONT DISRUPT CAPSULAR LIGAMENT RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	16		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	FAMILY PRACTICE	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	PODIATRY	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	FAMILY PRACTICE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	Imaging Center	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	PEDIATRICS	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	58		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	RHEUMATOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	61		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	4		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPELIC	Approved	12		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPELIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE SUBSQT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPELIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE SEQUELA	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE SUBSQT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ABNORMALITIES OF GAIT AND MOBILITY	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF UNSPECIFIED FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	SURGERY-PODIATRIST	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS LEFT ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS UNS SITE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF HIP RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF HIP RIGHT HIP	SURGERY-ORTHOPELIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF HIP UNSPECIFIED HIP	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF KNEE LEFT KNEE	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF KNEE RIGHT KNEE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF KNEE UNSPECIFIED KNEE	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHONDROCALCINOSIS RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHONDROCALCINOSIS RIGHT KNEE	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHONDROCALCINOSIS UNSPECIFIED SITE	SURGERY-ORTHOPELIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	15		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	13	Services are not medically necessary	13		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PEDIATRICS	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PODIATRY	Approved	2		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	RHEUMATOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEdic	Approved	20		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CONSTIPATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CYST OF BONE RIGHT LOWER LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER D/O BONE DEVELOPMENT GROWTH LT ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DEFORMITIES TOES ACQUIRED UNSPECIFIED FOOT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DISLOCATION LT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DISLOCATION LT PATELLA SUBSEQUENT ENCNT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DISORDERS OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DISORDERS OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DORSALGIA	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DORSALGIA	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHY OF LEFT FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHY OF LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHY OF RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHY OF UNSPECIFIED FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER FRACTURE UPPER LT TIBIA INIT ENC CLOSED FX	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	Other injury of unspecified body region, initial encounter	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	PODIATRY	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	SURGERY-ORTHOPEdic	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT HIP	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT HIP	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	FAMILY PRACTICE	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	ORTHOPEdic - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	ORTHOPEdic SURGERY	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	SPORTS MEDICINE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEdic	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	NURSE PRACTITIONER	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	12		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	27		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY UNSPECIFIED ANKLE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY UNSPECIFIED ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY UNSPECIFIED KNEE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	INTERNAL MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF UNSPECIFIED KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS LT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS LT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS LT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS RT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER POLYOSTEOARTHRTIS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	OTHER RUPTURE MUSCLE NONTRAUMATIC LT ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER RUPTURE MUSCLE NONTRAUMATIC RT ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPEC ACQUIRED DEFORMITIES LT LOWER LEG	RADIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPEC INJURIES LT LOWER LEG INITIAL ENC	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPEC OSTEOCHONDROPATHIES LT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPEC OSTEOCHONDROPATHIES RT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS LEFT HIP NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS LEFT HIP NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT ANKLE NEC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT ANKLE NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS UNS ANKLE NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS UNS FOOT NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS BONE UNSPECIFIED SITE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS BONE UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS TENDON LT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS TENDON LT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED INJURIES ABDOMEN INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-GENERAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT	SURGERY-PODIATRIST	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNS JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT HIP SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN UNSPECIFIED HIP INITIAL ENCOUNTER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN UNSPECIFIED HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER STREPTOCOCCAL ARTHRITIS UNSPECIFIED JOINT	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER STREPTOCOCCAL ARTHRITIS UNSPECIFIED JOINT	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS LT ANKLE & FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS LT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS LT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS UNS ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS UNS ANKLE & FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS UNS ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS MULTIPLE SITES	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	FAMILY PRACTICE	Approved	12		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	Imaging Center	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	ORTHOPEDIC SURGERY	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PHYSICIAN ASSISTANT	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PODIATRY	Approved	25		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PREVENTIVE MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	SPORTS MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	31		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-PODIATRIST	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	CHIROPRACTOR	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Approved	13		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Denied	13	Services are not medically necessary	13		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	INTERNAL MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PAIN MANAGEMENT	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	SPORTS MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	36		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	13	Services are not medically necessary	13		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ANESTHESIOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	CARDIOLOGIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	CHIROPRACTOR	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Approved	66		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	55	Services are not medically necessary	55		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	GASTROENTEROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	GENERAL PRACTICE	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	Imaging Center	Approved	12		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	Imaging Center	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Denied	12	Services are not medically necessary	12		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	NURSE PRACTITIONER	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	Approved	39		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	Denied	6	Services are not medically necessary	6		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	OSTEOPATHIC MANIPULATIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PAIN MANAGEMENT	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PEDIATRICS	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICIAN ASSISTANT	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICIAN ASSISTANT	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PREVENTIVE MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PSYCHIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	RHEUMATOLOGY	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SPORTS MEDICINE	Approved	21		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	337		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	36	Services are not medically necessary	36		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-TRAUMA	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT LEG	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT LEG	PERINATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT THIGH	INTERNAL MEDICINE	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEG UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	CHIROPRACTOR	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Denied	19	Services are not medically necessary	19		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	Imaging Center	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	Imaging Center	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	ORTHOPEDIC - NON SURGICAL	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	ORTHOPEDIC SURGERY	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PEDIATRIC - PSYCHIATRIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PEDIATRIC - PSYCHIATRIST	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PERINATOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Approved	35		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Denied	12	Services are not medically necessary	12		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PREVENTIVE MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	RHEUMATOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SPORTS MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-GENERAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	34		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-PODIATRIST	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	URGENT CARE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	CHIROPRACTOR	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	ANESTHESIOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	23	Services are not medically necessary	23		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	GASTROENTEROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	Imaging Center	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	13	Services are not medically necessary	13		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	NEUROSURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	NEUROSURGERY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	ORTHOPEDIC SURGERY	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	RHEUMATOLOGY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SPORTS MEDICINE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	47		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	11	Services are not medically necessary	11		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-TRAUMA	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	ANESTHESIOLOGY	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	CHIROPRACTOR	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Approved	70		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	69	Services are not medically necessary	69		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	GASTROENTEROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	GENERAL PRACTICE	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	HOSPITAL	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	Imaging Center	Approved	10		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Denied	19	Services are not medically necessary	19		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	NEUROSURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	NURSE PRACTITIONER	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	NURSE PRACTITIONER	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	56		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	9	Services are not medically necessary	9		0

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MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PEDIATRICS	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PREVENTIVE MEDICINE	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PREVENTIVE MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	RHEUMATOLOGY	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	RHEUMATOLOGY	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SPORTS MEDICINE	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	385		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	49	Services are not medically necessary	49		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	URGENT CARE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	PODIATRY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	PODIATRY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	FAMILY PRACTICE	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	ANESTHESIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	FAMILY PRACTICE	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	ORTHOPEdic - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	SURGERY-ORTHOPEdic	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	SURGERY-ORTHOPEdic	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PARAPLEGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS LEFT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	ORTHOPEdic SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS RIGHT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS UNSPECIFIED KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PATHOLOGICAL FX LT FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PATHOLOGICAL FX LT FEMUR SUBSQT ENC FX DLAY HEAL	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATHOLOGICAL FX RT FEMUR INITIAL ENC FRACTURE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATHOLOGICAL FX UNS FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPH TEAR LAT MENISC CURR INJ LT KNEE INIT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPH TEAR LAT MENISC CURR INJ LT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR RT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	PODIATRY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS RIGHT LEG	PEDIATRIC - PSYCHIATRIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS RIGHT LEG	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS UNSPECIFIED LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERSON INJURED UNS MOTOR-VEH ACC TRAF INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERSONAL HX OTH HEALED PHYSICAL INJURY & TRAUMA	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	Other	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PEDIATRICS	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Approved	10		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Denied	9	Services are not medically necessary	9		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POLYOSTEOARTHRITIS UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS LEFT LEG	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS UNSPECIFIED LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS UNSPECIFIED LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POST-TRAUMATIC OSTEOARTHRITIS LEFT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POST-TRAUMATIC OSTEOARTHRITIS LEFT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PRESENCE OF ARTIFICIAL KNEE JOINT BILATERAL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PUNCTURE WOUND W/FOREIGN BODY LT FOOT SEQUELA	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	RECURRENT DISLOCATION OF PATELLA RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	RECURRENT DISLOCATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	RHEUMATOID ARTHRITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	RUPTURE OF SYNOVIUM LEFT ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SACROILITIS NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SACROILITIS NOT ELSEWHERE CLASSIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	SALTER-HARIS TYP III PHYS FX LOW RT TIB INIT CLO	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SALTER-HARRIS TYP I PHYS FX LW UNS FEM INIT CLOS	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SCIATICA LEFT SIDE	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SECONDARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SEGMENTAL & SOMATIC DYSFUNCTION LOWER EXTREMITY	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SHORT ACHILLES TENDON ACQUIRED LEFT ANKLE	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SHORT ACHILLES TENDON ACQUIRED LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SHORT ACHILLES TENDON ACQUIRED RIGHT ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SHORT ACHILLES TENDON ACQUIRED RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SOFT TISSUE DISORDER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SOFT TISSUE DISORDER UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE EXTENSOR TENDONS UNS LW LEG	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE EXTENSOR TENDONS UNS LW LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS LT ANKLE FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS LT ANKLE FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS LT LOWER LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS RT ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS RT ANKLE FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS UNS LOWER LEG	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS UNS LOWER LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF OTHER TENDONS LEFT THIGH	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF OTHER TENDONS OTHER	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF OTHER TENDONS OTHER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF UNSPECIFIED TENDON	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS LEFT LOWER LEG	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS LEFT LOWER LEG	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT ANKLE FOOT	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT ANKLE FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT ANKLE FOOT	PERINATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT ANKLE FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT LOWER LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT LOWER LEG	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT LOWER LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS ANKLE FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS ANKLE FOOT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEdic SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEdic	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQ T ENC	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEdic SURGERY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PEDIATRICS	Approved	2		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	19		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQ ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT UNS KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN CALCANEOFIBULAR LIG LT ANKLE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN CALCANEOFIBULAR LIG LT ANKLE SUBSQ ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN CALCANEOFIBULAR LIG RT ANKLE INITIAL ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN CALCANEOFIBULAR LIG RT ANKLE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN CALCANEOFIBULAR LIG RT ANKLE SUBSQ ENC	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN CALCANEOFIBULAR LIGAMENT LT ANKLE SEQUELA	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN DELTOID LIGAMENT LT ANKLE INITIAL ENC NTR	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN DELTOID LIGAMENT RT ANKLE INITIAL ENC NTR	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN LAT COLLATERAL LIGAMENT LT KNEE SUBSQ	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN LAT COLLATERAL LIGAMENT RT KNEE INITIAL	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN LAT COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT LT KNEE INITIAL	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT LT KNEE INITIAL	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	Imaging Center	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE SUBSQ	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT UNS KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE SEQUELA	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OF SACROILIAC JOINT INITIAL ENCOUNTER	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OF SACROILIAC JOINT INITIAL ENCOUNTER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE SUBSEQUENT ENC NTR	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0

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MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE SUBSEQUENT ENCNR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE SUBSEQUENT ENCNR	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT UNS ANKLE INITIAL ENCNR	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	PREVENTIVE MEDICINE	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS RIGHT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS RIGHT KNEE INITIAL ENC	PREVENTIVE MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS RIGHT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN POST CRUCIATE LIGAMENT RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TARSOMETATARSAL LIGAMENT RT FOOT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT LT ANKLE INIT ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT LT ANKLE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT LT ANKLE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT LT ANKLE SUBSQT ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT RT ANKLE INIT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT RT ANKLE INIT ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT RT ANKLE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT RT ANKLE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN TIBIOFIBULAR LIGAMENT UNS ANKLE INIT ENC	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS COLLATERAL LIGAMENT LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE SUBSEQUENT ENCNR	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE SUBSEQUENT ENCNR	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT RIGHT ANKLE SUBSEQUENT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT RIGHT ANKLE SUBSEQUENT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT RIGHT ANKLE SUBSEQUENT ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT RIGHT ANKLE SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT UNS ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	PODIATRY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	PREVENTIVE MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	URGENT CARE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	HAND SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE UNS KNEE INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN ADDUCTOR MUSC FASC TEND RT THIGH SUB ENC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN ADDUCTOR MUSC FASC TEND RT THIGH SUB ENC	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LT QUAD MUSCLE FASCIA TENDON INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LT QUAD MUSCLE FASCIA TENDON SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND LONG FLEX TOE ANK FT LT INIT	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND LONG FLEX TOE ANK FT UNS SUBSQT	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND PERONEAL GROUP LOW LT LEG INIT	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND PERONEAL GROUP LOW LT LEG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND PERONEAL GROUP LOW RT LEG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE & TENDON OF HEAD INITIAL ENCOUNTER	Imaging Center	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASCIA TENDON LEFT HIP INITIAL ENC	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASCIA TENDON LEFT HIP INITIAL ENC	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASCIA TENDON LEFT HIP INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASCIA TENDON RT HIP INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASCIA TENDON RT HIP SUBSQT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW LT LEG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW LT LEG SUBS	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW RT LEG INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN OTH MUSCLES TENDON LOW LEG LT LEG INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RIGHT ACHILLES TENDON INITIAL ENCOUNTER	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RIGHT ACHILLES TENDON INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RIGHT ACHILLES TENDON INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RIGHT ACHILLES TENDON INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RT QUAD MUSCLE FASCIA TENDON INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RT QUAD MUSCLE FASCIA TENDON INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN UNS MUSC TEND ANK FT LEVL LT INITIAL ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN UNS MUSC TEND ANK FT LEVL LT SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN UNS MUSCLE TENDON LOW LEG LT LEG INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN UNS MUSCLE TENDON LOW LEG LT LEG INIT ENC	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN UNS MUSCLE TENDON LOW LEG RT LEG INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE LT ANKLE INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE LT FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT ANKLE INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT FIBULA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT FIBULA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FX LT FEMUR SUBSEQUENT ENC FX RTN HEAL	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FX UNS TIBIA FIBULA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	TARSAL TUNNEL SYNDROME LEFT LOWER LIMB	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	TARSAL TUNNEL SYNDROME RIGHT LOWER LIMB	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TARSAL TUNNEL SYNDROME RIGHT LOWER LIMB	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	TARSAL TUNNEL SYNDROME RIGHT LOWER LIMB	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TEAR ARTICULAR CARTILAGE LT KNEE CURR INIT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TEAR ARTICULAR CARTILAGE LT KNEE CURR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TEAR ARTICULAR CARTILAGE UNS KNEE CURR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TRANSIENT SYNOVITIS LEFT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TRANSIENT SYNOVITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TRAUMATIC ARTHROPATHY LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	TRAUMATIC ARTHROPATHY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	TRAUMATIC ARTHROPATHY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TRAUMATIC ARTHROPATHY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNEQUAL LIMB LENGTH ACQUIRED UNSPECIFIED SITE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNEQUAL LIMB LENGTH ACQUIRED UNSPECIFIED SITE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNEQUAL LIMB LENGTH ACQUIRED UNSPECIFIED SITE	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ANESTHESIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ANESTHESIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	INTERNAL MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	31		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	36		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	10	Services are not medically necessary	10		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	Unknown	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT UPPER ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON OTHER SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON RT LOWER LEG	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE LT LOWER LEG INIT ENC CLOS FRACTURE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE LT TALUS INITIAL ENC CLOS FRACTURE	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE RIGHT PATELLA INITIAL ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE RT LOWER LEG INIT ENC CLOS FRACTURE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE SHAFT LT FIBULA INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE UPPER RT TIBIA INIT ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE UPPER UNS TIBIA INIT ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INFLAM SPONDYLOPATHY SACRAL & SC REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INFLAM SPONDYLOPATHY SACRAL & SC REGION	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ ADDUCTOR MUSC FASC TEND RT THIGH INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND PERONEAL GROUP LOW LT LEG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND PERONEAL GROUP LOW RT LEG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ UNS QUAD MUSCLE FASCIA TENDON INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT ACHILLES TENDON SUBSEQUENT ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT QUAD MUSCLE FASCIA TENDON INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY MUSCLE FASCIA TENDON UNS HIP INITIAL	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT ACHILLES TENDON SUBSEQUENT ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	PEDIATRIC ORTHOPEDIST	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	PEDIATRICS	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY UNS ACHILLES TENDON INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY UNS LOWER LEG INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY UNS MUSC TEND ANK FT LEVL LT INIT ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY UNS MUSC TEND ANK FT LEVL LT SUB ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	INTERNAL MEDICINE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE SUBSQT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE SUBSQT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE SUBSQT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TROCHANTERIC FX UNS FEMUR INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED ACQUIRED DEFORMITY RIGHT LOWER LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT KNEE INITIAL ENC NTR	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT PATELLA SUBSQT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT PATELLA SUBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION OF RIGHT PATELLA SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT KNEE INITIAL ENC NTR	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT KNEE INITIAL ENC NTR	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT PATELLA SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION UNS PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISORDER OF PATELLA LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISORDER OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LEFT ANKLE SUBSEQUENT ENC NTR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	ENDOCRINOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	FAMILY PRACTICE	Approved	12		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	FAMILY PRACTICE	Denied	10	Services are not medically necessary	10		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	ORTHOPEDIC SURGERY	Approved	10		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	47		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	FAMILY PRACTICE	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SPORTS MEDICINE	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	73		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED MONONEUROPATHY LEFT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED MONONEUROPATHY LEFT LOWER LIMB	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED OPEN WOUND LEFT FOOT INITIAL ENC NTR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT FOOT SUBSEQUENT ENC NTR	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT HIP INITIAL ENCOUNTER	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT WRIST INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION LT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION LT PATELLA SUBSQT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION RT FOOT SUBSEQUENT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION RT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION RT KNEE INITIAL ENCNR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUPERFICIAL INJURY LT KNEE INIT ENC	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	VALGUS DEFORMITY NEC RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	VARUS DEFORMITY NEC LEFT KNEE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	VARUS DEFORMITY NEC RIGHT ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	VARUS DEFORMITY NEC RIGHT ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	VARUS DEFORMITY NEC UNSPECIFIED ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	VILLONODULAR SYNOVITIS PIGMENTED RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ACHILLES TENDINITIS RIGHT LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ACHILLES TENDINITIS UNSPECIFIED LEG	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ANKYLOSIS LEFT ANKLE	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ANTIPHOSPHOLIPID SYNDROME	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV OTH SOFT TISS RT LOW LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF RIGHT LOWER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC INSTABILITY OF KNEE UNSPECIFIED KNEE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	DERANGEMENT UNS MED MENISC OLD TEAR/INJ UNS KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	DIR INF LT ANK & FT INF & PARASIT DZ CLASS ELSW	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION LEFT ANKLE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION LEFT KNEE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION RIGHT KNEE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION RIGHT KNEE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION RIGHT KNEE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0

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MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	INFLAMMATORY POLYARTHROPATHY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP UNS LOWER LIMB	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	PLASTIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS UNS LOW LIMB W/HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM SHORT BONES LEFT LOWER LIMB	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-GENERAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NON-PRESS CHRON ULCER RT ANK W/FAT LAYER EXPOSED	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NULL	RADIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NULL	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OLECRANON BURSITIS UNSPECIFIED ELBOW	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OSTEOARTHRITIS OF KNEE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTH FRACTURE LT LOWER LEG INIT ENC CLOS FRACTURE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	PODIATRY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ENTHESOPATHY OF LEFT FOOT	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER INSTABILITY RIGHT ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER REACTIVE ARTHROPATHIES UNSPECIFIED SITE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIC JOINT DERANGEMENTS UNS ANKLE NEC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS TENDON LT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER STREPTOCOCCAL ARTHRITIS UNSPECIFIED JOINT	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	INTERNAL MEDICINE	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	ANESTHESIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ANKLE	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	NEUROSURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED KNEE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PERONEAL TENDINITIS LEFT LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PSORIATIC JUVENILE ARTHROPATHY	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN TIBIOFIBULAR LIGAMENT RT ANKLE SUBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPEN WOUND RT ANKLE INITIAL ENC	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED SPRAIN RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	VILLONODULAR SYNOVITIS PIGMENTED RT ANKLE & FOOT	ONCOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	VILLONODULAR SYNOVITIS PIGMENTED RT ANKLE & FOOT	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; with contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; with contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; with contrast material(s)	NEURALGIA AND NEURITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; with contrast material(s)	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; with contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; with contrast material(s)	PAIN IN LEFT FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; with contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; with contrast material(s)	PAIN IN LEG UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS UNSPECIFIED LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACUTE EMBOLISM & THROMBOSIS OF LEFT TIBIAL VEIN	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACUTE HEMATOGENOUS OSTEOMYELITIS LT TIBIA FIBULA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, other than joint; without contrast material(s)	ACUTE HEMATOGENOUS OSTEOMYELITIS RT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	AGE-REL OP W/CURR PATH FX RT ANK FOOT SUB DLAY	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ANTERIOR TIBIAL SYNDROME LEFT LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ANTERIOR TIBIAL SYNDROME RIGHT LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT LEG	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	CALCANEAL SPUR RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CELLULITIS OF LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	CELLULITIS OF LEFT LOWER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	CELLULITIS OF LEFT TOE	OTHER	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CELLULITIS OF RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CELLULITIS OF RIGHT TOE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTRACTURE RIGHT FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF LEFT KNEE INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF LEFT THIGH INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF RIGHT FOOT INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF RIGHT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF RIGHT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CUTANEOUS ABSCESS OF LEFT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CUTANEOUS ABSCESS OF LEFT LOWER LIMB	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOC TARSOMETATARSAL JOINT RT FOOT INITIAL ENC	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOC TARSOMETATARSAL JOINT RT FOOT INITIAL ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOC TARSOMETATARSAL JOINT RT FOOT SUBSQT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOC TARSOMETATARSAL JOINT UNS FOOT INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOC TARSOMETATARSAL JOINT UNS FOOT INIT ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOCATION MTP JOINT LT GREAT TOE INITIAL ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISORDER OF LIGAMENT RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISORDER OF MUSCLE UNSPECIFIED	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISPLACED FX 4TH METATARSAL RT FT INIT CLOS FX	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISPLACED FX CUBOID BN RT FOOT INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DSPL FX NCK 5TH MC BN RT HND SUB ENC FX NONUNION	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DSPL FX NCK 5TH MC BN RT HND SUB ENC FX NONUNION	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION LEFT ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION LEFT FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION RIGHT ANKLE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION RIGHT FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION UNSPECIFIED ANKLE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION UNSPECIFIED FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION UNSPECIFIED FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION UNSPECIFIED FOOT	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION UNSPECIFIED FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ENTHESOPATHY UNSPECIFIED	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ENTHESOPATHY UNSPECIFIED	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	FB GRANULOMA SOFT TISSUE NEC UNS ANK FT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	FB GRANULOMA THE SKIN & SUBCUTANEOUS TISSUE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	FLAIL JOINT RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	FLAT FOOT PES PLANUS ACQUIRED LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	FLAT FOOT PES PLANUS ACQUIRED LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	FLAT FOOT PES PLANUS ACQUIRED LEFT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	GANGLION LEFT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	GANGLION LEFT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	GANGLION UNSPECIFIED SITE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	HALLUX RIGIDUS LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	HALLUX RIGIDUS RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	HALLUX VALGUS ACQUIRED LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	HALLUX VALGUS ACQUIRED RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	HEMARTHROSIS RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	IDIOPATHIC GOUT LEFT ANKLE AND FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	IDIOPATHIC GOUT RIGHT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	INFLAMMATORY POLYARTHROPATHY	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	INJURY UNS NERVES LOW LEG LEVEL RT LEG INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	JOINT DERANGEMENT UNSPECIFIED	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LAC MUSC FASC TEND POST GROUP THIGH LT SBSQT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE LEFT LOWER LIMB	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	PODIATRY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE UNSPECIFIED LOWER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP UNS LOWER LIMB	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	NEURO & OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOOSE BODY IN RIGHT ANKLE	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA LEFT FOOT	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA LEFT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	MUSCLE WEAKNESS GENERALIZED	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	MUSCLE WEAKNESS GENERALIZED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	MYOSITIS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	PODIATRY	Approved	4		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	NONDSPL FX 2ND METATARSAL LT FT INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	NONDSPL FX 2ND METATARSAL RT FT INIT ENC CLOS FX	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	NONDSPL FX 5TH METATARSAL LT FT INIT ENC CLOS FX	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	NONDSPLC FX MED PHAL LT LESSER TOES SUB FX RTN	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	NON-PRSS CHR ULCR OTH PART LT FOOT NECROS MUSC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OSTEOMYELITIS UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OSTEOMYELITIS UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH FRACTURE RT LOWER LEG INIT ENC CLOS FRACTURE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH INJ OTH MUSCLE TENDON LOW LT LEG SUBSQT ENC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH INJ OTH MUSCLE TENDON LOW RT LEG INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH INJ OTH MUSCLE TENDON LOW RT LEG SEQUELA	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH INJ OTH MUSCLE TENDON LOW UNSLEG INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH INJ OTH MUSCLE TENDON LOW UNSLEG INITIAL ENC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH INJ OTH MUSCLE TENDON LOW UNSLEG INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	PODIATRY	Approved	1		0		0

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MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF UNSPECIFIED FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	HEPATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	SURGERY-PODIATRIST	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER BURSITIS NEC UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER CHRONIC OSTEOMYELITIS UNS ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER CHRONIC PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER CONSTIPATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ENTHESOPATHY OF LEFT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ENTHESOPATHY OF LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ENTHESOPATHY OF RIGHT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER HAMMER TOES ACQUIRED UNSPECIFIED FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER INSTABILITY LEFT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER INSTABILITY LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER INSTABILITY RIGHT FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER RUPTURE MUSCLE NONTRAUMATIC RT ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER RUPTURE MUSCLE NONTRAUMATIC RT ANKLE FOOT	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SKIN CHANGES	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPEC INJURIES LT LOWER LEG INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT FOOT NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS UNS FOOT NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS BONE UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE LOWER LEG	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE THIGH	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE THIGH	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS TENDON LT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNS JOINT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNS JOINT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNS JOINT	SURGERY-ORTHOPEDIC	Approved	3		0		0

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MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPRAIN OF LEFT FOOT INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPRAIN OF LEFT FOOT INITIAL ENCOUNTER	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPRAIN OF RIGHT FOOT INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPRAIN OF RIGHT FOOT INITIAL ENCOUNTER	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SUBLUXATION RIGHT FOOT INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS LT ANKLE & FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	ANESTHESIOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	PODIATRY	Approved	5		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	PODIATRY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	FAMILY PRACTICE	Approved	4		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	Imaging Center	Approved	4		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	INTERNAL MEDICINE	Approved	4		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	ORTHOPEdic - NON SURGICAL	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Approved	17		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Denied	9	Services are not medically necessary	9		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-GENERAL	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-ORTHOPEdic	Approved	14		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	FAMILY PRACTICE	Approved	2		0		0

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MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	SURGERY-ORTHOPEdic	Approved	4		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT THIGH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT THIGH	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT THIGH	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT TOES	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEG UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEG UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	ORTHOPEdic - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PEDIATRIC ORTHOPEdicIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEdic	Approved	5		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEdic	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Approved	6		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	PODIATRY	Approved	18		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-GENERAL	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEdic	Approved	22		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEdic	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	ORTHOPEdic - NON SURGICAL	Approved	1		0		0

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MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT THIGH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT THIGH	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT THIGH	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT TOES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT TOES	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT TOES	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT TOES	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	PODIATRY	Approved	6		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED LIMB	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED LOWER LEG	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PATHOLOGICAL FRACTURE RT FOOT INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	PODIATRY	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PERONEAL TENDINITIS UNSPECIFIED LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PERONEAL TENDINITIS UNSPECIFIED LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PERINATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Approved	16		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Denied	9	Services are not medically necessary	9		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS LEFT LEG	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS LEFT LEG	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS LEFT LEG	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS UNSPECIFIED LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0

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MRI Lower Extremity, other than joint; without contrast material(s)	POST-TRAUMATIC OSTEOARTHRITIS LEFT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	PODIATRY	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	RA WITH RHEUMATOID FACTOR UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	RA WITH RHEUMATOID FACTOR UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	RESIDUAL FOREIGN BODY IN SOFT TISSUE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	RESIDUAL FOREIGN BODY IN SOFT TISSUE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SICCA SYNDROME UNSPECIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS RT ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS RT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS RT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS LT ANKLE FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS ANKLE FOOT	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQ ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN IP JOINT LT GREAT TOE SUBSEQUENT ENCNR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN MTP JOINT LT GREAT TOE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN MTP JOINT UNS TOES INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN TARSOMETATARSAL LIGAMENT LT FOOT INIT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN TARSOMETATARSAL LIGAMENT LT FOOT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN TARSOMETATARSAL LIGAMENT LT FOOT SUBSQ	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN TARSOMETATARSAL LIGAMENT RT FOOT INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN TARSOMETATARSAL LIGAMENT RT FOOT INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNR	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN LT QUAD MUSCLE FASCIA TENDON INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN LT QUAD MUSCLE FASCIA TENDON INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT SUB ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT SUB ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW RT LEG INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW RT LEG INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW RT LEG SUBS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSCLES TENDON LOW LEG LT LEG INITIAL	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSCLES TENDON LOW LEG LT LEG SUBSQT	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSCLES TENDON LOW LEG RT LEG INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSCLES TENDON LOW LEG RT LEG SUBSQT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN UNS MUSC TEND ANK FT LEVL LT SUBSQT ENC	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN UNS MUSC TEND ANK FT LEVL RT INITIAL ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN UNS MUSC TEND ANK FT LEVL RT SUBSQT ENC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	PERINATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT TIBIA INITIAL ENC FRACTURE	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT TIBIA INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	ORTHOPEDIC - NON SURGICAL	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	PODIATRY	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	PODIATRY	Denied	6	Services are not medically necessary	6		0

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MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE UNS FOOT INITIAL ENC FRACTURE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FX LT FOOT SUBSEQUENT ENC FX DLAY HEAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FX LT FOOT SUBSEQUENT ENC FX RTN HEAL	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FX RT FOOT SUBSEQUENT ENC FX RTN HEAL	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SUPERFICIAL FOREIGN BODY LT LOWER LEG INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	TARSAL TUNNEL SYNDROME RIGHT LOWER LIMB	ORTHOPEDIC - NON SURGICAL	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	TARSAL TUNNEL SYNDROME RIGHT LOWER LIMB	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	TEMPORAL SCLEROSIS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	TINEA UNGUIUM	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	OTHER	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	Unknown	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	Unknown	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	Unknown	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNS FRACTURE LT LOWER LEG INIT ENC CLOS FRACTURE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNS FRACTURE RT FOOT INITIAL ENC CLOS FRACTURE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNS FRACTURE SHAFT RT FIBULA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNS INJURY RT ACHILLES TENDON SUBSEQUENT ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNS INJURY UNS ACHILLES TENDON INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED ACQUIRED DEFORMITY RIGHT LOWER LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED INFECTIOUS DISEASE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY LEFT FOOT INITIAL ENCOUNTER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY LEFT FOOT SUBSEQUENT ENC NTR	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ANKLE SUBSEQUENT ENC NTR	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED OPEN WOUND LEFT FOOT INITIAL ENC NTR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED OPEN WOUND RT ANKLE INITIAL ENC	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	RHEUMATOLOGY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT FOOT INITIAL ENCOUNTER	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT FOOT INITIAL ENCOUNTER	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0

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MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED SUBLUXATION RT FOOT SUBSEQUENT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	GENERAL SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIMBS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	AGE-REL OP W/CURR PATH FX RT ANK FOOT SUB DLAY	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ANTERIOR TIBIAL SYNDROME LEFT LEG	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ARTHROPATHIC PSORIASIS UNSPECIFIED	Other	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV OTH SOFT TISS RT LOW LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CAUSALGIA OF LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF RIGHT TOE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF RIGHT TOE	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CUTANEOUS ABSCESS OF LEFT FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CUTANEOUS ABSCESS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	DRUG-INDUCED POLYNEUROPATHY	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	DRUG-INDUCED POLYNEUROPATHY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION RIGHT ANKLE	GENERAL PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	GANGLION UNSPECIFIED SITE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	JUVENILE OSTEOCHONDROSIS OF TARSUS RIGHT ANKLE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0

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MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP UNS LOWER LIMB	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	PERINATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS UNS LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS UNS LOW LIMB W/HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0

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MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	12		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	GENERAL SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEUROMA AMPUTATION STUMP LEFT LOWER EXTREMITY	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NONDSPL FX FIRST METATARSAL LT FT SUBSQT FX DLAY	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NON-PRSS CHR ULCR OTH PART RT LW LEG UNS SEVERTY	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NON-PRSS CHR ULCR UNS PART LT LW LEG BRKDOWN SKN	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NON-PRSS CHRN ULCR OTH PART LT FOOT UNS SEVERITY	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NON-PRSS CHRN ULCR OTH PART RT FT W/UNS SEVERITY	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OSTEOMYELITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTH SPEC INJ MUSC FASC TEND POST THIGH RT SUBSQT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	HEPATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	PODIATRY	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEOPLASM OF SKIN UNSPECIFIED	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEOPLASM SKIN LT LOW LIMB INCL HIP	PODIATRY	Approved	1		0		0

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MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC OSTEOMYELITIS LEFT ANKLE AND FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CYST OF BONE UNSPECIFIED SITE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ENTHESOPATHY OF LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ENTHESOPATHY OF RIGHT FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPEC INJURIES LT LOWER LEG INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BONE LOWER LEG	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BONE THIGH	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOOT	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOOT	PODIATRY	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	SURGERY-GENERAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LOWER LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LOWER LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT THIGH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT THIGH	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT TOES	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEG UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ANKLE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ANKLE	PODIATRY	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT LEG	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT TOES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PLANTAR FASCIAL FIBROMATOSIS	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PLANTAR FASCIAL FIBROMATOSIS	PERINATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	RA WITHOUT RHEUMATOID FACTOR RIGHT ANKLE & FOOT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN TARSAL LIGAMENT RT FOOT SUBSEQUENT ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TINEA UNGUIUM	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	PULMONARY DISEASES	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	SURGERY-GENERAL	Approved	1		0		0

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MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHC	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED ACQUIRED DEFORMITY UNSPECIFIED LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPEN WOUND RT ANKLE INITIAL ENC	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI LUMBAR SPINE W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	LOW BACK PAIN	Ancillary	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	LUMBAGO WITH SCIATICA, LEFT SIDE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	LUMBAGO WITH SCIATICA, RIGHT SIDE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Physician Assistant	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	Facility	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	MULTIPLE SCLEROSIS	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI LUMBAR SPINE W/O & W/DYE	RADICULOPATHY, LUMBAR REGION	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	DORSALGIA, UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	LOW BACK PAIN	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	HOSPITAL	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	RADICULOPATHY, LUMBAR REGION	DIAGNOSTIC RADIOLOGY	Approved	4		0		0
MRI LUMBAR SPINE W/O DYE	RADICULOPATHY, LUMBAR REGION	HOSPITAL	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	RADICULOPATHY, LUMBOSACRAL REGION	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	RADICULOPATHY, LUMBOSACRAL REGION	RADIOLOGY	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	SCIATICA, LEFT SIDE	HOSPITAL	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	SPINAL STENOSIS, CERVICAL REGION	HOSPITAL	Approved	1		0		0
MRI LUMBAR SPINE W/O DYE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ARTHRODESIS STATUS	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ARTHROPATHY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL CORD	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF THYMUS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BIOMECHANICAL LESION UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISCITIS UNSPECIFIED SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	EXTRADURAL AND SUBDURAL ABSCESS UNSPECIFIED	SURGERY-THORACIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNS XTRANOD & SLID ORGN SITE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUNCTIONAL URINARY INCONTINENCE	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE THORACIC REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	GUILLAIN-BARRE SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA UNSPECIFIED SITE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/MYELOPATHY THOR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	NEUROSURGERY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOC SWELLING MASS & LUMP LOWER LIMB BILATERAL	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	FAMILY PRACTICE	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	NEUROLOGY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PAIN MANAGEMENT	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	RADIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	12		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	UROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA LEFT SIDE	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA LEFT SIDE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NURSE PRACTITIONER	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	RADIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	ONCOLOGY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RETROPERITONEUM	HEMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	NEURO & ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	NEUROLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	RADIATION THERAPY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	RADIATION THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	NEURO & ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MENINGITIS UNSPECIFIED	HOSPITAL	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MENINGITIS UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MUCOPOLYSACCHARIDOSIS UNSPECIFIED	GENETICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	PEDIATRIC NEUROSURGEON	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM RELATED PAIN ACUTE CHRONIC	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NON-HODGKIN LYMPHOMA UNS INTRAPELVIC NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OSTEOMYELITIS OF VERTEBRA LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OSTEOMYELITIS OF VERTEBRA SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPEC CONGENITAL MALFORMATIONS CIRC SYSTEM	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOS RADICULOPATHY SAC & SACROCOCCYGEAL	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER ACUTE POSTPROCEDURAL PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER ACUTE POSTPROCEDURAL PAIN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC POSTPROCEDURAL PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER DORSALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER DORSALGIA	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER DORSALGIA	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FX	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	SURGERY-PEDIATRIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DORSOPATHIES SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED MONONEUROPATHIES UNS LOWER LIMB	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN LEFT KNEE	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	SURGERY-COLON/RECTAL	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICOTHORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	9		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	9		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	10		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	8	Services are not medically necessary	8		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SLEEP MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	17		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	8	Services are not medically necessary	8		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACOLUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACOLUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCHWANNOMATOSIS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA LEFT SIDE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA LEFT SIDE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA UNSPECIFIED SIDE	URGENT CARE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SICCA SYNDROME UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SOMATOFORM DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPINA BIFIDA UNSPECIFIED	NEUROSURGERY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLISTHESIS LUMBAR REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLYSIS LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLYSIS LUMBOSACRAL REGION	NEUROSURGERY	Approved	2		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SUBLUXATION COMPLEX VERTEBRAL OF LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Unknown	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Unknown	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	SURGERY- UROLOGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	SURGERY- UROLOGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	WEAKNESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	WILSONS DISEASE	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	BENIGN NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	CHRONIC PAIN SYNDROME	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	DORSALGIA UNSPECIFIED	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	LOW BACK PAIN	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	NEURO & ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MUCOPOLYSACCHARIDOSIS UNSPECIFIED	GENETICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OSTEOMYELITIS OF VERTEBRA LUMBAR REGION	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OSTEOMYELITIS OF VERTEBRA LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OSTEOMYELITIS OF VERTEBRA LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OTHER CHRONIC PAIN	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	SCHWANNOMATOSIS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	ABNORMAL RESPONSE NERVE STIMULATION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ACUTE PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACOLUMB RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACOLUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACOLUMB RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	AGE-REL OP W/CURR PATH FX VERTEBRAE INIT ENC FX	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	AGE-REL OP W/CURR PATH FX VERTEBRAE INIT ENC FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	NEPHROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	UROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS LUMBAR REGION	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANT SPINAL ARTERY COMPRESSION SYND LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANXIETY DISORDER UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ARTHRODESIS STATUS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ARTHRODESIS STATUS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ARTHROPATHIC PSORIASIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	ARTHROPATHY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ATYPICAL FACIAL PAIN	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	AUTISTIC DISORDER	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CAUDA EQUINA SYNDROME	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CAUDA EQUINA SYNDROME	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CEREBELLAR STROKE SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CEREBRAL INFARCT D/T THROMB RT MID CEREBRAL ART	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROLOGY	Denied	5	Services are not medically necessary	5		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN DUE TO TRAUMA	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CNCTV TISSUE DISC STENOS IV FORAMINA LUMB REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CNCTV TISSUE STENOS NEURAL CANAL LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COLLAPSED VERT NEC THOR RGN INIT ENC FX	RADIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	HOSPITAL	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COMPRESSION OF VEIN	SURGERY-VASCULAR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CONGEN SCOLIOSIS DUE CONGEN BONY MALFORMATION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CONTUSION LOWER BACK & PELVIS SUBSEQUENT ENCNR	OCCUPATIONAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CRAMP AND SPASM	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSOPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DRUG-INDUCED POLYNEUROPATHY	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DYSPHAGIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	EFFUSION UNSPECIFIED JOINT	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ENCOPRESIS NOT DUE SUBSTANCE/KNOWN PHYSIOL COND	PEDIATRIC GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ESSENTIAL TREMOR	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FATIGUE FX VERT LUMB RGN INIT ENCOUNTER FOR FX	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FATIGUE FX VERT LUMB RGN INIT ENCOUNTER FOR FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FATIGUE FX VERT LUMB RGN INIT ENCOUNTER FOR FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FLATBACK SYNDROME LUMBAR REGION	OTHER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FLATBACK SYNDROME SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FLATBACK SYNDROME SITE UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FOOT DROP LEFT FOOT	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FOOT DROP LEFT FOOT	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FOOT DROP LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FOOT DROP RIGHT FOOT	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FOOT DROP RIGHT FOOT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HEMANGIOMA UNSPECIFIED SITE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HYDROCEPHALUS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HYPERTENSIVE CKD W/STAGE 1-4 CKD OR UNS CKD	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HYPOKALEMIA	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	IMPACTED CERUMEN BILATERAL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Injury, unspecified, initial encounter	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INSOMNIA DUE TO MEDICAL CONDITION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRA LDISC D/O W/RADICULOPATHY TL RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	NEUROLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	JUVENILE IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	JUVENILE OSTEOCHONDROSIS SPINE SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	JUVENILE RHEUMATOID POLYARTHRITIS SERONEGATIVE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LESION LATERAL POPLITEAL NERVE LEFT LOWER LIMB	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LESION OF SCIATIC NERVE LEFT LOWER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LESION OF SCIATIC NERVE LEFT LOWER LIMB	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LESION OF SCIATIC NERVE LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LESION OF SCIATIC NERVE RIGHT LOWER LIMB	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LORDOSIS UNSPECIFIED LUMBAR REGION	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Approved	7		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	CARDIOLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	CHIROPRACTOR	Approved	17		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	CHIROPRACTOR	Denied	14	Services are not medically necessary	14		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Approved	69		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	89	Services are not medically necessary	89		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	GENERAL PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	GENERAL PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	GERIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	HAND SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	Imaging Center	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	Imaging Center	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Approved	35		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Denied	45	Services are not medically necessary	45		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEPHROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROLOGY	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROLOGY	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROSURGERY	Approved	16		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROSURGERY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NURSE PRACTITIONER	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NURSE PRACTITIONER	Denied	12	Services are not medically necessary	12		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	25		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEDIC SURGERY	Denied	19	Services are not medically necessary	19		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	OTHER	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	OTHER	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Approved	38		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Denied	28	Services are not medically necessary	28		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	31		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	17	Services are not medically necessary	17		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICIAN ASSISTANT	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PODIATRY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	RADIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	RHEUMATOLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	RHEUMATOLOGY	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SPORTS MEDICINE	Approved	7		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SPORTS MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-NEUROLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	114		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Denied	59	Services are not medically necessary	59		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	UROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	Imaging Center	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	CHIROPRACTOR	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Approved	10		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	PHYSICIAN ASSISTANT	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	CHIROPRACTOR	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	INTERNAL MED/GASTROENTEROLO GY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBOSACRAL PLEXUS DISORDERS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBOSACRAL ROOT DISORDERS NEC	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LYME DISEASE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MERALGIA PARESTHETICA RIGHT LOWER LIMB	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Meralgia paresthetica, bilateral lower limbs	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MULTIPLE CONGENITAL EXOSTOSES	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE SPASM OF BACK	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR UNS SITE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NEURALGIA AND NEURITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NEUROFIBROMATOSIS UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NULL	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NULL	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NULL	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OPTIC NERVE HYPOPLASIA BILATERAL	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ANCILLARY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH DEFORMING DORSOPATHIES THORACOLUMBAR RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH FX 1ST LUMB VERT SUBSEQUENT ENC FX RTN HLNG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	Imaging Center	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NURSE PRACTITIONER	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	9		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	28		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	16	Services are not medically necessary	16		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	VASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	CHIROPRACTOR	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	FAMILY PRACTICE	Approved	7		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Approved	14		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Other	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	21		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	RHEUMATOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	16		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	11	Services are not medically necessary	11		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	SURGERY-ORTHOPEdic	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	OTHER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER ACQUIRED DEFORMITIES OF UNSPECIFIED FOOT	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	14		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	17	Services are not medically necessary	17		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	GENERAL SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	HOSPITAL	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	10	Services are not medically necessary	10		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NEUROSURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NEUROSURGERY	Denied	4	Services are not medically necessary	4		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRIC ORTHOPEDIST	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	19		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER COMPLICATED HEADACHE SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CONSTIPATION	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER DORSALGIA	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER DORSALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER ENCEPHALOPATHY	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER FORMS OF SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Other injury of unspecified body region, initial encounter	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER INTERVERTEBRAL DISC D/O LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER KYPHOSIS CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER PRIMARY THROMBOPHILIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SECONDARY SCOLIOSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SECONDARY SCOLIOSIS LUMBOSACRAL REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SECONDARY SCOLIOSIS THORACOLUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SECONDARY SCOLIOSIS THORACOLUMBAR REGION	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	GENERAL SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	NEUROSURGERY	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPEC DISEASES BLOOD & BLOOD-FORMING ORGANS	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED ARTHRITIS MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED ARTHRITIS RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED CONGENITAL MALFORMATION SYND NEC	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISEASES OF SPINAL CORD	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISORDERS OF MUSCLE	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISORDERS OF PENIS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES LUMBAR REGION	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES LUMBOSACRAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES LUMBOSACRAL REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED FORMS OF TREMOR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED MONONEUROPATHIES	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED POLYNEUROPATHIES	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED POLYNEUROPATHIES	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBOSACRAL REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT ARM	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT LEG	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT LEG	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT LOWER LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEG UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT LEG	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT LOWER LEG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED HIP	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED HIP	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED JOINT	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED JOINT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFCT REGIONS NECK & BACK LS REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFCT REGIONS NECK & BACK LS REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	SURGERY-NEUROLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARALYTIC SYNDROME UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARAPLEGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PSYCH & BEHAVOIR FACTR ASSOC W/D/O DZ CLASS ELSW	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RA W/RHEUMATOID FCT RT KNEE W/O ORGAN/SYS INVLV	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	8	Services are not medically necessary	8		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	28		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	20	Services are not medically necessary	20		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Approved	44		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	16	Services are not medically necessary	16		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ENDOCRINOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	86		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	103	Services are not medically necessary	103		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	GENERAL PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	GENERAL SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	HOSPITAL	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	Imaging Center	Approved	10		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	Imaging Center	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Approved	42		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	55	Services are not medically necessary	55		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEPHROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	45		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	35	Services are not medically necessary	35		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	31		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	20	Services are not medically necessary	20		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Approved	14		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	38		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	28	Services are not medically necessary	28		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	OTHER	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	67		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	51	Services are not medically necessary	51		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSIATRY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	69		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	33	Services are not medically necessary	33		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	Physician	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PODIATRY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PSYCHIATRY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	RHEUMATOLOGY	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	RHEUMATOLOGY	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	12		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	22		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	10	Services are not medically necessary	10		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	138		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	75	Services are not medically necessary	75		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	UROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	CHIROPRACTOR	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	Imaging Center	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	NEUROLOGY	Approved	7		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	NEUROLOGY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	NEUROPATHOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	19		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	11	Services are not medically necessary	11		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	FAMILY PRACTICE	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	Imaging Center	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	PAIN MANAGEMENT	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RHEUMATOID ARTHRITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCHMORLS NODES LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	FAMILY PRACTICE	Approved	5		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	11	Services are not medically necessary	11		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	OTHER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	FAMILY PRACTICE	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	FAMILY PRACTICE	Denied	10	Services are not medically necessary	10		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	INTERNAL MEDICINE	Approved	2		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION OF LUMBAR REGION	CHIROPRACTOR	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION OF LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION OF LUMBAR REGION	OTHER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SOFT TISSUE DISORDER UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINA BIFIDA OCCULTA	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINA BIFIDA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINA BIFIDA UNSPECIFIED	NEUROSURGERY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL EPID ANES-INDUCED HEADACHE DUR PUERPERIUM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL INSTABILITIES LUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL INSTABILITIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL INSTABILITIES SAC SACROCOCCYGEAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL MUSCULAR ATROPHY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS THORACOLUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	2		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEPHROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC - NON SURGICAL	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	9		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	7		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	INTERNAL MEDICINE	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	NEUROLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	NEUROSURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	ORTHOPEDIC SURGERY	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claudication	PAIN MANAGEMENT	Approved	3		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-NEUROLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SPORTS MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	19		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBOSACRAL REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBOSACRAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS SITE UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS THORACOLUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH OA-AX RGN	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	OTHER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PEDIATRICS	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	12		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	CARDIOLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN UNS PARTS LUMB SPN & PELV SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STIFFNESS OF UNSPECIFIED JOINT NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STIFFNESS OF UNSPECIFIED JOINT NEC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	CHIROPRACTOR	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	SPORTS MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK SUBSQT	FAMILY PRACTICE	Approved	2		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	THORACOGENIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNEQUAL LIMB LENGTH ACQUIRED UNSPECIFIED SITE	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA RT HIP	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	NEUROSURGERY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS FRACTURE UNSPECIFIED LUMBAR VERTEBRA SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS FX UNS LUMBAR VERT INIT CLOS FRACTURE	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY SITE UNSPECIFIED	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	ORTHOPEdic SURGERY	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	ORTHOPEdic SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABDOMINAL PAIN	SURGERY- UROLOGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED CORD COMPRESSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED GLAUCOMA	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INJURY OF LOWER BACK SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED MONONEUROPATHY LEFT LOWER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSTEADINESS ON FEET	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	VITAMIN D DEFICIENCY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEAKNESS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FRACTURE UNS LUMBAR VERT SEQUELA	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FRACTURE UNS THORACIC VERTEBRA SEQ	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX 1ST LUMBAR VERT INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX 1ST LUMBAR VERT INIT ENC CLOS FX	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX UNS LUMB VERT SUB ENC FX DLAY HL	SURGERY-NEUROLOGY	Approved	1		0		0
MRI NECK SPINE W/O & W/DYE	CERVICALGIA	HOSPITAL	Approved	2		0		0
MRI NECK SPINE W/O & W/DYE	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
MRI NECK SPINE W/O & W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
MRI NECK SPINE W/O & W/DYE	MULTIPLE SCLEROSIS	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI NECK SPINE W/O & W/DYE	MYALGIA, OTHER SITE	HOSPITAL	Approved	1		0		0
MRI NECK SPINE W/O & W/DYE	PARESTHESIA OF SKIN	HOSPITAL	Approved	2		0		0
MRI NECK SPINE W/O & W/DYE	RADICULOPATHY, CERVICAL REGION	HOSPITAL	Approved	3		0		0
MRI NECK SPINE W/O & W/DYE	RADICULOPATHY, CERVICAL REGION	RADIOLOGY	Approved	1		0		0
MRI NECK SPINE W/O DYE	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	Facility	Approved	1		0		0
MRI NECK SPINE W/O DYE	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	RADIOLOGY	Approved	1		0		0
MRI NECK SPINE W/O DYE	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	HOSPITAL	Approved	1		0		0
MRI NECK SPINE W/O DYE	CERVICALGIA	HOSPITAL	Approved	1		0		0
MRI NECK SPINE W/O DYE	CERVICALGIA	Radiology	Denied	2	Services are not medically necessary	2		0
MRI NECK SPINE W/O DYE	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
MRI NECK SPINE W/O DYE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
MRI NECK SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
MRI NECK SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	HOSPITAL	Approved	5		0		0
MRI NECK SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	RADIOLOGY	Approved	1		0		0
MRI NECK SPINE W/O DYE	SPINAL STENOSIS, CERVICAL REGION	HOSPITAL	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	BENIGN NEOPLASM OF FLOOR OF MOUTH	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	BLEPHAROSPASM	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0

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MRI Orbit, Face, and Neck without contrast	CERVICALGIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck without contrast	CERVICALGIA	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	CONGEN MALF SYND PREDOMINANT AFFECT FACE APPEAR	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	CONGEN MALF SYND PREDOMINANT AFFECT FACE APPEAR	PLASTIC SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	CONGENITAL HYPOTHYROIDISM WITHOUT GOITER	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	CRANIOSYNOSTOSIS	CRANIOMAXILLOFACIAL SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	CYST OF BILATERAL ORBITS	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	DIPLOPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	ESSENTIAL TREMOR	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	HEADACHE	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	INJURY TRIGEMINAL NERVE UNS SIDE INITIAL ENCNR	SURGERY- MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	ISCHEMIC OPTIC NEUROPATHY LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	LOCALIZED SWELLING MASS AND LUMP HEAD	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	LOCALIZED SWELLING MASS AND LUMP NECK	GASTROENTEROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	LOCALIZED SWELLING MASS AND LUMP NECK	PAIN MANAGEMENT	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	LOCALIZED SWELLING MASS AND LUMP NECK	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck without contrast	MYELODYSPLASTIC SYNDROME UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	OTHER	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck without contrast	OTHER VISUAL DISTURBANCES	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	PALPITATIONS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	SOFT TISSUE DISORDER UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	SOFT TISSUE DISORDER UNSPECIFIED	VASCULAR SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck without contrast	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	UNSPECIFIED PAPILDEMA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; with contrast material(s)	ANESTHESIA OF SKIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; with contrast material(s)	HEADACHE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; with contrast material(s)	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
MRI Orbit, Face, and Neck; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Orbit, Face, and Neck; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; with contrast material(s)	OTHER DISORDERS OF ORBIT	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; with contrast material(s)	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ALTERNATING ESOTROPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	AMAUROSIS FUGAX	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BELLS PALS	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BEN NEOPLASM CNCTV OTH SOFT TISS HEAD FACE NECK	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEO SKIN SUBQ HEAD FACE NECK	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM MID EAR NASAL CAV ACCESS SINUSES	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN SUPRATENTORIAL	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROSURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NURSE PRACTITIONER	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MAJOR SALIVARY GLAND UNS	PLASTIC SURGERY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF NASOPHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PAROTID GLAND	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PAROTID GLAND	SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	HEMATOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF RIGHT CHOROID	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BROWNS SHEATH SYNDROME LEFT EYE	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	ONCOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	OTHER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC CLUSTER HEADACHE INTRACTABLE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC SIALOADENITIS	OTHER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC SIALOADENITIS	OTHER	Denied	3	Services are not medically necessary	3		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC SIALOADENITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL GLAUCOMA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION OF OPTIC DISC	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	RADIOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONJUNCTIVAL PIGMENTATIONS BILATERAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONSTANT EXOPHTHALMOS LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DEVIATED NASAL SEPTUM	PLASTIC SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIPLOPIA	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIPLOPIA	NEURO & OPTHALMOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIPLOPIA	NEUROLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIPLOPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIPLOPIA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIPLOPIA	OPTOMETRY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISEASE OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DUANES SYNDROME RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	EDEMA OF RIGHT EYE UNSPECIFIED EYELID	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	EDEMA UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	FEVER UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with routine healing	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Approved	2		0		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HETERONYMOUS BILATERAL FIELD DEFECTS	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HOMONYMOUS BILATERAL FIELD DEFECTS UNS SIDE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HORNERS SYNDROME	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HYPERTROPHY OF SALIVARY GLAND	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	INTERMITTENT ALTERNATING EXOTROPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY UNSPECIFIED EYE	NEURO & OPHTHALMOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY UNSPECIFIED EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED EDEMA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	DERMATOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	PLASTIC SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	ENDOCRINOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	NURSE PRACTITIONER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	OTHER	Approved	1		0		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-HEAD AND NECK	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	HOSPITAL	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LATERAL WALL OF NASOPHARYNX	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ACCESSORY SINUS UNS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	ONCOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT RETINA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	HEMATOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED ORBIT	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OTH SPEC MALE GENITAL ORGANS	NEUROSURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Approved	3		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RIGHT LACRIMAL GLAND AND DUCT	NURSE PRACTITIONER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEURO & OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MUCOCELE OF SALIVARY GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF CRANIAL NERVES	OTHER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	OPHTHALMOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	PLASTIC SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR RESPIRATORY SYSTEM	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	RADIATION ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR OTH RESPIRATORY ORG	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	INTERNAL MEDICINE	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV PAROTID SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	HOSPITAL	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	OPHTHALMOLOGY	Approved	3		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	NURSE PRACTITIONER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NULL	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NULL	OTHER	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	OBSTETRICS	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCULAR PAIN RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OPHTHALMOPLLEGIC MIGRAINE NOT INTRACTABLE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OPTIC NERVE HYPOPLASIA LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OPTIC PAPILLITIS LEFT EYE	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ACUTE RECURRENT SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ATROPHIC DISORDERS OF SKIN	PLASTIC SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BRANCHIAL CLEFT MALFORMATIONS	SURGERY-PEDIATRIC	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER COMPLICATED HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISEASES OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISEASES OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISEASES OF SALIVARY GLANDS	ONCOLOGY	Approved	1		0		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OF OPTIC NERVE NEC RIGHT EYE	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OF ORBIT	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	NEURO & OPTHALMOLOGY	Approved	6		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OPTIC NERVE NEC UNSPECIFIED EYE	NEURO & OPTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERSOF OPTIC DISC BILATERAL	NEURO & OPTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERSOF OPTIC DISC BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SMELL AND TASTE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER OPTIC ATROPHY BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER OPTIC ATROPHY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER OPTIC NEURITIS	Imaging Center	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPEC DISORDERS EUSTACHIAN TUBE UNS EAR	PLASTIC SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPEC MALIGNANT NEOPLASM SKIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER VOICE AND RESONANCE DISORDERS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PAPILLEDEMA WITH INCREASED INTRACRANIAL PRESSURE	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PARALYSIS OF VOCAL CORDS AND LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HISTORY OF IRRADIATION	SURGERY-HEAD AND NECK	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HX MAL NEO OTH SITE LIP ORL CAV&PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PREAURICULAR SINUS AND CYST	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	PEDIATRICS	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	Primary open-angle glaucoma, bilateral, moderate stage	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PSEUDOPAPILLEDEMA OF OPTIC DISC BILATERAL	OPTOMETRY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PUPILLARY ABNORMALITY LEFT EYE	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	RETINAL ARTERY BRANCH OCCLUSION LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OTH PARTS NERV SYS	ONCOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SENSORINEURAL HEARING LOSS BILATERAL	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SIALOADENTIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY LEFT EYE	OPTOMETRY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	URGENT CARE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	VASCULAR SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SQUAMOUS CELL CA SKIN RT EAR EXT AURICULAR CANAL	RADIATION ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP & NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SUBPERIOSTEAL ABSCESS OF MASTOID UNS EAR	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	THIRD OCULOMOTOR NERVE PALSY RIGHT EYE	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS BILATERAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEURO & OPHTHALMOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT RETINAL ARTERY OCCLUSION UNS EYE	NEURO & OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNQUALIFIED VISUAL LOSS RT EYE NORM VIS LT EYE	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER OF ORBIT	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED EXOPHTHALMOS	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED EXOPHTHALMOS	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED EXOPHTHALMOS	OPTOMETRY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED GLAUCOMA	PEDIATRICS	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC ATROPHY	NEURO & OPTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEUROLOGY	Approved	3		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	OPHTHALMOLOGY	Approved	3		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	HOSPITAL	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	NEURO & OPTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Approved	5		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	NEURO & OPTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	VERTEBRO-BASILAR ARTERY SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ORBIT/FACE/NECK W/DYE	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	HOSPITAL	Approved	1		0		0
MRI ORBT/FAC/NCK W/O & W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
MRI PELVIS W/O & W/DYE	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
MRI PELVIS W/O & W/DYE	PELVIC AND PERINEAL PAIN	HOSPITAL	Approved	1		0		0
MRI PELVIS W/O & W/DYE	R97.20 - Elevated prostate specific antigen (PSA)	Urology	Approved	1		0		0

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MRI PELVIS W/O & W/DYE	R97.20 - Elevated PSA	Urology	Approved	1		0		0
MRI PELVIS W/O & W/DYE	RIGHT LOWER QUADRANT PAIN	HOSPITAL	Approved	1		0		0
MRI PELVIS W/O DYE	INFECT/INFLM REACTION DUE TO OTH INT PROSTH DEV/GRFT, INIT	HOSPITAL	Approved	1		0		0
MRI PELVIS W/O DYE	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
MRI PELVIS W/O DYE	O43.219 - Placenta accreta, unspecified trimester	OB/Gyn	Approved	1		0		0
MRI PELVIS W/O DYE	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, INIT	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MRI PELVIS W/O DYE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	HOSPITAL	Approved	1		0		0
MRI PELVIS W/O DYE; MRI LOWER EXTREMITY W/O DYE; MRI JNT OF LWR EXTRE W/O DYE	G57.00 - Lesion of sciatic nerve, unspecified lower limb; G57.30 - Lesion of lateral popliteal nerve, unspecified lower limb	Psychiatry & Neurology-Neurology	Approved	1		0		0
MRI PELVIS; with contrast material(s)	ANAL FISTULA	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; with contrast material(s)	ANEMIA UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; with contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	LIVER DISEASE UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI PELVIS; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	SURGERY-COLON/RECTAL	Approved	2		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI PELVIS; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GENERAL SURGERY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; with contrast material(s)	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	PAIN IN LEFT LEG	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; with contrast material(s)	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	URETHRAL DIVERTICULUM	OTHER	Approved	1		0		0
MRI PELVIS; with contrast material(s)	URETHRAL DIVERTICULUM	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI PELVIS; without contrast material(s)	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	ABNORMAL US FINDING ON ANTENATAL SCR MOTHER	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	AGE-REL OP W/CURR PATH FX VERTEBRAE INIT ENC FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	AMENORRHEA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	ARTHROPATHIC PSORIASIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ UNS SITE	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ UNS SITE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	CAUDA EQUINA SYNDROME	CHIROPRACTOR	Approved	1		0		0
MRI PELVIS; without contrast material(s)	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	CONTUSION LOWER BACK & PELVIS INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	CYSTOCELE LATERAL	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	CYSTOCELE LATERAL	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	DISORDER OF BONE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	DORSALGIA UNSPECIFIED	SPORTS MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	FULL INCONTINENCE OF FECES	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	FULL INCONTINENCE OF FECES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI PELVIS; without contrast material(s)	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	GLUTEAL TENDINITIS RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	HEMATURIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI PELVIS; without contrast material(s)	HYPERTROPHY OF UTERUS	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	HYPERTROPHY OF UTERUS	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	INJURY OTH NERVE HIP THIGH LEVL UNS LEG INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	CHIROPRACTOR	Approved	1		0		0
MRI PELVIS; without contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GYNECOLOGY	Approved	1		0		0

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MRI PELVIS; without contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	INTRAMURAL LEIOMYOMA OF UTERUS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI PELVIS; without contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LESION OF SCIATIC NERVE LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LESION OF SCIATIC NERVE UNSPECIFIED LOWER LIMB	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOCALIZED EDEMA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	GENERAL PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OSTEOARTHRITIS OF HIP UNSPECIFIED	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OSTEOCHONDROPATHY UNSPECIFIED UNSPECIFIED THIGH	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTH COMP GU PROSTH DEVICES IMPL & GRAFT INIT ENC	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0

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MRI PELVIS; without contrast material(s)	OTH COND ASSOC W/FE GEN ORGN & MENSTRUAL CYCL	OTHER	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTH NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG	INTERNAL MEDICINE	Approved	2		0		0
MRI PELVIS; without contrast material(s)	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEdic	Approved	4		0		0
MRI PELVIS; without contrast material(s)	OTHER CHRONIC PAIN	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER CHRONIC PAIN	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER CHRONIC PANCREATITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER CONGENITAL MALFORMATIONS OF UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER CONSTIPATION	COLON AND RECTAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER CONSTIPATION	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER CONSTIPATION	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTHER DORSALGIA	RHEUMATOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s)	OTHER DORSALGIA	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER RA WITH RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED DISORDERS OF URETHRA	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED DORSOPATHIES LUMBOSACRAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED INJURIES ABDOMEN INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED INJURIES ABDOMEN INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED INJURIES ABDOMEN INITIAL ENC	SURGERY-ORTHOPEdic	Approved	4		0		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED INJURIES ABDOMEN INITIAL ENC	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED OSTEOCHONDROPATHIES OTHER	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PAIN IN LEFT HIP	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI PELVIS; without contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN LEFT THIGH	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN UNSPECIFIED HIP	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	PAIN IN UNSPECIFIED HIP	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0

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MRI PELVIS; without contrast material(s)	PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PHLEBITIS & THROMBOPHLEB UNS DEEP VES LT LOW EXT	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PLACENTA PREVIA SPECIFIED W/O HEMORRHAGE UNS TRI	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY CERVICAL REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	RECTAL PROLAPSE	SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	NURSE PRACTITIONER	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI PELVIS; without contrast material(s)	SACROILOITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROILOITIS NOT ELSEWHERE CLASSIFIED	CHIROPRACTOR	Approved	1		0		0

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MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	RHEUMATOLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s)	SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SCIATICA UNSPECIFIED SIDE	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SCIATICA UNSPECIFIED SIDE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SCIATICA UNSPECIFIED SIDE	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	SPINAL INSTABILITIES LUMBOSACRAL REGION	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI PELVIS; without contrast material(s)	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SPRAIN OF SACROILIAC JOINT INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SPRAIN OTH PARTS LUMBAR SPINE & PELVIS INIT ENC	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	STRAIN ADDUCTOR MUSC FASC TEND RT THIGH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	STRAIN ADDUCTOR MUSC FASC TEND RT THIGH SUB ENC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	TESTICULAR HYPOFUNCTION	SURGERY- UROLOGICAL	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	TRAUMATIC ARTHROPATHY UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA RT HIP	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	Unknown	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	Unknown	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	Unknown	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	Unknown	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	Unknown	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	Unknown	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNS FX SACRUM SUBSEQUENT ENC FRACTURE W/RTN HLNG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNS INFLAM SPONDYLOPATHY SACRAL & SC REGION	RHEUMATOLOGY	Approved	1		0		0

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MRI PELVIS; without contrast material(s)	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNS INFLAMMATORY SPONDYLOPATHY SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNS INJ MUSC FASC TEND POST THIGH RT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNSPECIFIED CORD COMPRESSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNSPECIFIED INJURY OF PELVIS INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	UNSPECIFIED MONONEUROPATHY RIGHT LOWER LIMB	PLASTIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNSPECIFIED MONONEUROPATHY UNS LOWER LIMB	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNSPECIFIED PLACENTAL DISORDER UNS TRIMESTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABNORMAL IMMUNOLOGICAL FIND IN CEREBROSPINAL FL	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE CYSTITIS WITH HEMATURIA	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE GASTRIC ULCER WITHOUT HEMORR OR PERF	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE PROSTATITIS	SURGERY- UROLOGICAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE PROSTATITIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANAL FISSURE UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANAL FISTULA	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANAL FISTULA	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANAL FISTULA	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANAL SPASM	GENERAL SURGERY	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANEMIA UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANKYLOSING SPONDYLITIS SAC & SACROCOCCYGEAL RGN	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ANORECTAL FISTULA	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	AUTOIMMUNE HEPATITIS	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	GYNECOLOGY ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Approved	9		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	REPRODUCTIVE ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF COLON UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	PEDIATRICS	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF OTHER SPECIFIED SITES	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PELVIC BONES SACRUM & COCCYX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF UTERINE TUBES & LIGAMENTS	PAIN MANAGEMENT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM PERIPHERAL NERVES & ANS ABDOMEN	OTHER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BICORNATE UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BICORNATE UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CANDIDAL ESOPHAGITIS	HEMATOLOGY	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION UTERUS & CERVIX UNS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CONSTIPATION UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	GASTROENTEROLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE OF LARGE INTESTINE WITH FISTULA	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	CARDIOVASCULAR	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE SMALL INTESTINE W/O COMP	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE SMALL INTESTINE W/OTH COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	5		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DZ SMALL & LARGE INTEST W/INTEST OBST	GASTROENTEROLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CUTANEOUS ABSCESS UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CYST OF PROSTATE	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DIFFUSE FOLLICLE CENTER LYMPHOMA UNSPEC SITE	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	HEPATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF KIDNEY AND URETER UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF PROSTATE UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF VEIN UNSPECIFIED	SLEEP MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DYSMENORRHEA UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOCRINE DISORDER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOMETRIAL HYPERPLASIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOMETRIOSIS OF PELVIC PERITONEUM	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOMETRIOSIS OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOMETRIOSIS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	SURGERY- UROLOGICAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	UROLOGY	Approved	6		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	UROLOGY	Denied	6	Services are not medically necessary	6		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	UROLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	EPIGASTRIC PAIN	PEDIATRICS	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	EXCESS & FREQUENT MENSTRUATION W/REGULAR CYCLE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	EXCESS & FREQUENT MENSTRUATION W/REGULAR CYCLE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	EXCESS & FREQUENT MENSTRUATION W/REGULAR CYCLE	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	FEMALE GENITAL TRACT FISTULA UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	FEVER UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	FULL INCONTINENCE OF FECEES	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	OTHER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	PEDIATRICS	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HEMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HEMATOCOLPOS	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HEMATURIA UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HEMORRHAGE OF ANUS AND RECTUM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	RADIATION THERAPY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HYPERTROPHY OF UTERUS	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	INTERNAL MEDICINE	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	NURSE PRACTITIONER	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	5		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	UROLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	REPRODUCTIVE ENDOCRINOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	REPRODUCTIVE ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	IRREGULAR MENSTRUATION UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	GYNECOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	Imaging Center	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	12		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY	Approved	7		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY	Denied	2	Services are not medically necessary	2		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	28		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Denied	4	Services are not medically necessary	4		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	VASCULAR SURGERY	Approved	10		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	VASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LIVER CELL CARCINOMA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOC SWELLING MASS & LUMP LOWER LIMB BILATERAL	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED ENLARGED LYMPH NODES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LUMBOSACRAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LUMBOSACRAL PLEXUS DISORDERS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS UNS LOW LIMB W/HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF THE ILEUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF THE RECTUM	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	4		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF APPENDIX	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOCERVIX	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	HOSPITAL	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	11		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	OTHER	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	6		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	RADIOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	SURGERY- UROLOGICAL	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	SURGERY- UROLOGICAL	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	56		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	35	Services are not medically necessary	35		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Approved	6		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED	RADIOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF VAGINA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	RADIATION ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Approved	4		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	INTERNAL MEDICINE	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MELENA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MELENA	PEDIATRICS	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MILD CERVICAL DYSPLASIA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE	UROLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF UTERUS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NIGHTMARE DISORDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NODULAR PROS W/O LOWER URINARY TRACT SYMPTOMS	UROLOGY	Denied	5	Services are not medically necessary	5		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NODULAR PROSTATE W/ LOWER URINARY TRACT SYMPTOMS	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NON-HODGKIN LYMPHOMA UNS INTRAPELVIC NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Approved	6		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG UNS	FAMILY PRACTICE	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG UNS	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG UNS	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMMATORY DISORDER OF UTERUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMMATORY DISORDER OF VAGINA UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMMATORY DISORDER VULVA & PERINEUM UNS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NULL	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OBESITY UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OSTEOARTHRITIS OF HIP UNSPECIFIED	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH COMP GU PROSTH DEVICES IMPL & GRAFT INIT ENC	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INJ ADDUCTOR MUSC FASC TEND RT THIGH SUBSQT	SPORTS MEDICINE	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH SPEC NONINFLAMMATORY D/O VULVA & PERINEUM	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH SPEC NONINFLAMMATORY D/O VULVA & PERINEUM	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH SPONDYLOS RADICULOPATHY SAC & SACROCOCCYGEAL	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEOPLASM OF SKIN UNSPECIFIED	RADIOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEOPLASM OF UTERUS UNSPECIFIED	RADIOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BIOMECHANICAL LESIONS OF SACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CONGENITAL MALFORMATIONS OF UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CONGENITAL MALFORMATIONS OF UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CONSTIPATION	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CONSTIPATION	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER IMMEDIATE POSTPARTUM HEMORRHAGE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER LESIONS OF ORAL MUCOSA	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER OBSTRUCTIVE AND REFLUX UROPATHY	UROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER OVARIAN DYSFUNCTION	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPEC ABNORMAL UTERINE & VAGINAL BLEEDING	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	SURGERY-PEDIATRIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GENERAL SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF INTESTINE	NEONATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	SURGERY-VASCULAR	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BLADDER	SURGERY- UROLOGICAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	NURSE PRACTITIONER	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	4	Services are not medically necessary	4		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DORSOPATHIES SITE UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED MONONEUROPATHIES UNS LOWER LIMB	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	OBSTETRICIAN AND GYNECOLOGIST	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	SURGERY-COLON/RECTAL	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	NEUROSURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PARAPLEGIA UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	8		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM RENAL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	NURSE PRACTITIONER	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HX MALIG NEOPLASM OTH DIGESTIVE ORGANS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PILONIDAL CYST WITHOUT ABSCESS	SURGERY- UROLOGICAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	POSTMENOPAUSAL BLEEDING	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	POSTMENOPAUSAL BLEEDING	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PRIMARY DYSMENORRHEA	REPRODUCTIVE ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RECTAL ABSCESS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RECTAL ABSCESS	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RECTAL FISTULA	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RECURRENT PREGNANCY LOSS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RIGHT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RIGHT LOWER QUADRANT PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROCOCCYGEAL DISORDERS NEC	SURGERY-COLON/RECTAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROILIITIS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ORTHOPEdic SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM RIGHT ADRENAL GLAND	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SUBSEROSAL LEIOMYOMA OF UTERUS	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SUBSEROSAL LEIOMYOMA OF UTERUS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ULCER OF ESOPHAGUS WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ULCERATIVE CHRONIC RECTOSIGMOIDITIS W/O COMP	GASTROENTEROLOGY	Approved	2		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNDESCENDED TESTICLE UNSPECIFIED	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Approved	5		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	GENERAL PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	GYNECOLOGY ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	Imaging Center	Approved	4		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	INTERNAL MEDICINE	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	NURSE PRACTITIONER	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OBSTETRICS & GYNECOLOGY	Approved	9		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	PAIN MANAGEMENT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	PEDIATRICS	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	RADIATION ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	SURGERY- UROLOGICAL	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	SURGERY- UROLOGICAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	UROLOGY	Approved	72		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	UROLOGY	Denied	43	Services are not medically necessary	43		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNS SEXUAL DYSF NOT DUE SUBSTNC/KNOWN PHYSIOLOG	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unsp intestnl obst, unsp as to partial versus complete obst	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED UNDESCENDED TESTICLE UNILATERAL	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	URETHRAL DIVERTICULUM	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	URETHRAL DIVERTICULUM	OTHER	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	URETHRAL DIVERTICULUM	UROLOGY	Approved	4		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	URETHRAL DIVERTICULUM	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Temporomandibular joint(s), TMJ	ATYPICAL FACIAL PAIN	SURGERY- MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	BENIGN NEOPLASM OF LOWER JAW BONE	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	INFLAMMATORY CONDITIONS OF JAWS	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	JAW PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	JAW PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Temporomandibular joint(s), TMJ	JAW PAIN	Imaging Center	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	JAW PAIN	ORAL / MAXILLOFACIAL SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Temporomandibular joint(s), TMJ	JAW PAIN	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	LIMITED MANDIBULAR RANGE OF MOTION	DENTIST-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	MAXILLARY HYPERPLASIA	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	NEOPLASM UNCERTAIN BHV PAROTID SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0

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MRI Temporomandibular joint(s), TMJ	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	OTHER SPECIFIED DISORDER TEMPOROMANDIBULAR JOINT	ORAL / MAXILLOFACIAL SURGERY	Approved	2		0		0
MRI Temporomandibular joint(s), TMJ	OTHER SPECIFIED DISORDER TEMPOROMANDIBULAR JOINT	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	DENTIST-ORTHODONTURE	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	RHEUMATOLOGY	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	POLYARTHRITIS UNSPECIFIED	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	PRIMARY OSTEOARTHRITIS UNSPECIFIED SITE	ORAL / MAXILLOFACIAL SURGERY	Denied	4	Services are not medically necessary	4		0
MRI Temporomandibular joint(s), TMJ	STIFFNESS OF UNSPECIFIED JOINT NEC	SURGERY-MAXILLOFACIAL	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	Unknown	DENTIST-ORTHODONTURE	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	Unknown	DENTIST-ORTHODONTURE	Denied	2	Services are not medically necessary	2		0
MRI Temporomandibular joint(s), TMJ	Unknown	DENTISTRY	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	Unknown	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	Unknown	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	Unknown	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	Unknown	SURGERY, ORAL & MAXILLOFACIAL	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ATAXIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	AUTOIMMUNE THYROIDITIS	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL CORD	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF THYMUS	NEUROLOGY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CAUDA EQUINA SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CEREBROSPINAL FLUID LEAK FROM SPINAL PUNCTURE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	9		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DYSARTHRIA FOLLOWING UNS CEREBROVASCULAR DISEASE	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNS XTRANOD & SLID ORGN SITE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE THORACIC REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	GUILLAIN-BARRE SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF OTHER SITES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	HICCUGH	NEUROLOGY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	CARDIOLOGIST	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NURSE PRACTITIONER	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	RADIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	ONCOLOGY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	NEURO & ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	NEUROLOGY	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL CORD	RADIATION THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	NEURO & ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MENINGITIS UNSPECIFIED	HOSPITAL	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	HOSPITAL	Approved	2		0		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	64		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	5	Services are not medically necessary	5		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEURALGIA AND NEURITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROMYELITIS OPTICA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NON-HODGKIN LYMPHOMA UNS INTRAPELVIC NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPEC CONGENITAL MALFORMATIONS CIRC SYSTEM	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPEC CONGENITAL MALFORMATIONS CIRC SYSTEM	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHEST PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FX	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF SPINAL CORD	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	NEUROSURGERY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCHWANNOMATOSIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	VASCULAR SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SOMATOFORM DISORDER UNSPECIFIED	PEDIATRIC NEUROLOGIST	Denied	4	Services are not medically necessary	4		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	SURGERY-NEUROLOGY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Unknown	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEURO & ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	WEDGE COMPRS FX 2ND THOR VERT SUB ENC FX RTN HL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	WEDGE COMPRS FX 2ND THOR VERT SUB ENC FX RTN HL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	WHITE MATTER DISEASE UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	BENIGN NEOPLASM OF SPINAL CORD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	DIFFUSE FOLLICLE CENTER LYMPHOMA NODES MX SITE	HEMATOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBELLUM	NEURO & ONCOLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	2		0		0

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MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	SYRINGOMYELIA AND SYRINGOBULBIA	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ADOLESCENT IDIOPATHIC SCOLIOSIS THORACOLUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ANKYLOSING SPONDYLITIS LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ANXIETY DISORDER UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ARTHROPATHIC PSORIASIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COLLAPSED VERT NEC LUMB RGN INIT ENC FX	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COLLAPSED VERT NEC THOR REGION SEQUELA FRACTURE	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COLLAPSED VERT NEC THOR RGN INIT ENC FX	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	HOSPITAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	NEUROSURGERY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CONGEN SCOLIOSIS DUE CONGEN BONY MALFORMATION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	CONGENITAL DEFORMITY OF SPINE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CRAMP AND SPASM	SPORTS MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CYST OF KIDNEY ACQUIRED	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DISORDER OF BONE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DISSOCIATIVE AND CONVERSION DISORDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	Imaging Center	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSOPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	HEREDITARY SPASTIC PARAPLEGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	HYDROCEPHALUS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INFANTILE IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRA LDISC D/O W/RADICULOPATHY TL RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	ORTHOPEDIC SURGERY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY THOR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	OTHER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	JUVENILE IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGN	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	JUVENILE OSTEOCHONDROSIS SPINE SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	JUVENILE OSTEOCHONDROSIS SPINE SITE UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	JUVENILE RHEUMATOID POLYARTHRITIS SERONEGATIVE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	RADIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEdic	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MERALGIA PARESTHETICA LEFT LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MONOCLONAL GAMMOPATHY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MULTIPLE CONGENITAL EXOSTOSES	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	NEURALGIA AND NEURITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	NULL	RHEUMATOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OPTIC NERVE HYPOPLASIA BILATERAL	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH DEFORMING DORSOPATHIES THORACOLUMBAR RGN	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	HOSPITAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PAIN MANAGEMENT	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT TL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPEC INFLAM SPONDYLOPATHIES THORACIC REGION	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICOTHORACIC	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	OTHER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRIC ORTHOPEDIST	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER DEVELOPMENTAL DISORDERS SCHOLASTIC SKILLS	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER FORMS OF SCOLIOSIS THORACIC REGION	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER FORMS OF SCOLIOSIS THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER MUSCLE SPASM	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SECONDARY SCOLIOSIS THORACOLUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	GENERAL SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	NEUROSURGERY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED CONGENITAL MALFORMATION SYND NEC	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISEASES OF SPINAL CORD	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISEASES OF SPINAL CORD	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED FORMS OF TREMOR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/ MYELOPATHY THORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY THORACOLUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	CHIROPRACTOR	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	14		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	NEUROLOGY	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	NEUROSURGERY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Approved	5		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Approved	8		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	RHEUMATOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SPORTS MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-THORACIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK THOR REGION	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PARALYTIC SYNDROME UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PLEURODYNIA	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	CHIROPRACTOR	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	FAMILY PRACTICE	Approved	10		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	GENERAL PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	Imaging Center	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	INTERNAL MEDICINE	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	NEUROLOGY	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	7		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-NEUROLOGY	Approved	2		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SPORTS MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION THORACIC REGION	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPASMODIC TORTICOLLIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINA BIFIDA UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL INSTABILITIES SAC SACROCOCCYGEAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL MUSCULAR ATROPHY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	HOSPITAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS THORACIC REGION	NEUROSURGERY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS THORACIC REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS THORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS THORACOLUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS THORACIC REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS THORACIC REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS THORACOLUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS T-SPINE INITIAL ENCOUNTER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS T-SPINE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPRAIN UNS PARTS THORAX INITIAL ENCOUNTER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPRAIN UNS PARTS THORAX INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROSURGERY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	THORACOGENIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Unknown	HEMATOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Unknown	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Unknown	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Unknown	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Unknown	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNS FX 1ST LUMBAR VERT INIT ENC CLOS FRACTURE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INJURY OF NECK SUBSEQUENT ENCOUNTER	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNSTEADINESS ON FEET	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEAKNESS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FRACTURE T5-T6 VERTEBRA SEQUELA	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FRACTURE UNS THORACIC VERTEBRA SEQ	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FRACTURE UNS THORACIC VERTEBRA SEQ	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T11-T12 VERT INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T11-T12 VERT SUB ENC FX RTN HLNG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T5-T6 VERT INIT ENC CLOS FX	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T5-T6 VERT INIT ENC CLOS FX	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T7-T8 VERT INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX UNS THOR VERT SUB ENC FX DLAY HL	RADIOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	ANKYLOSIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	ANTERIOR DISLOCATION LT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	ANTERIOR DISLOCATION RT HUMERUS INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	ANTERIOR DISLOCATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	ANTERIOR SUBLUXATION RT HUMERUS INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BENIGN NEOPLASM SCAPULA & LONG BONES LT UP LIMB	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	6		0		0

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MRI Upper Extremity, any joint; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	CONTRACTURE RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	CONTUSION OF LEFT SHOULDER SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	CONTUSION OF RIGHT SHOULDER INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	DSPLCD FX SHAFT RT CLAV SUBSQT ENC FX W/RTN HLNG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	EFFUSION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	EFFUSION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	FLAIL JOINT LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SPORTS MEDICINE	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Upper Extremity, any joint; with contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; with contrast material(s)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	LOOSE BODY IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	NONDISPLACED FX HEAD RT RADIUS INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER DISLOCATION RT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	OTHER	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0

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MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT WRIST	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY RIGHT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPEC EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNS SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPECIFIED SPRAIN OF LEFT WRIST INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	5		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	39		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	7		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Approved	7		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	64		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	10	Services are not medically necessary	10		0

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MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED WRIST	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; with contrast material(s)	RECURRENT DISLOCATION LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	RECURRENT DISLOCATION RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SHOULDER LESION UNSPECIFIED LEFT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SPRAIN OF CARPAL JOINT UNSPECIFIED WRIST INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	SPRAIN OTHER PART LT WRIST & HAND INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SPRAIN OTHER PART LT WRIST & HAND INITIAL ENC	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRAIN OTH M&T SHLDR UP ARM LEVEL LT ARM INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRAIN OTH M&T SHLDR UP ARM LEVEL RT ARM INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRESS FRACTURE RT SHOULDER INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVEL LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	5		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	19		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER SUB	ORTHOPEDIC SURGERY	Approved	1		0		0

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MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SPORTS MEDICINE	Approved	4		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	20		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	ULNAR COLLATERAL LIG SPRAIN UNS ELBOW INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	Unknown	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS FX LOWER LT RADIUS SUBSQT ENC CLOS FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM SUBSEQUENT ENC	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; with contrast material(s)	UNS SPRAIN UNSPECIFIED WRIST INITIAL ENCOUNTER	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED DISLOC UNS SHOULDER JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN LT SHOULDER JOINT INITIAL ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN LT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN RIGHT WRIST INITIAL ENCOUNTER	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	4-PART FX SURG NCK LT HUM INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ANKYLOSIS LEFT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION LT HUMERUS INITIAL ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION LT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION RT HUMERUS INITIAL ENC	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION RT HUMERUS INITIAL ENC	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION RT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BARTONS FX LT RADIUS SUBSQT ENC CLOS FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE UNS	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF LEFT SHOULDER	GENERAL PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CALCIFIC TENDINITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CALCIFIC TENDINITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CELLULITIS OF RIGHT UPPER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CENTRAL PAIN SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CERVICALGIA	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CERVICALGIA	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CERVICALGIA	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	24		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	14	Services are not medically necessary	14		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	31		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Denied	15	Services are not medically necessary	15		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUM	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUM	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUM	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CONTRACTURE RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT ELBOW INITIAL ENCOUNTER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT ELBOW INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CONTUSION OF LEFT SHOULDER INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CONTUSION OF RIGHT SHOULDER INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CONTUSION OF RIGHT SHOULDER INITIAL ENCOUNTER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	CREPITANT SYNOVITIS ACUTE CHRONIC LEFT WRIST	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CRUSHING INJURY OF RIGHT WRIST SUBSEQUENT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	DISLOCATION DISTAL RADIOULNAR JNT LT WRIST INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DISLOCATION LT AC JOINT >200% DISPLACEMENT INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DISLOCATION RT AC JOINT >200% DISPLACEMENT INIT	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DISORDER OF BONE UNSPECIFIED	EMERGENCY MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT LEFT WRIST	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT LEFT WRIST	SURGERY- PLASTIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT LEFT WRIST	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	DISORDER OF LIGAMENT RIGHT WRIST	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPL FX DIST POLE NVICLR BN RT WRIST INIT CLO FX	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPL FX MID 3RD NAVICULAR LT WRIST INIT CLO FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPL FX OLECRANON NO IA EXT RT ULNA INIT CLO	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPL FX PROX 3RD NVICLR BN LT WRST SUB ENC FX NU	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPLCD FX BDY SCAPULA LT SHLDR INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPLCD FX GLND CAV SCAP LT SHOULDER INIT CLO FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPLCD FX GT TUBEROS LT HUM INIT ENC CLOS FX	THERAPIST-SPEECH	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPLCD FX GT TUBEROS UNS HUM INIT ENC CLOS FX	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION LEFT ELBOW	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION LEFT ELBOW	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION LEFT SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION LEFT WRIST	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION RIGHT SHOULDER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION RIGHT SHOULDER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION RIGHT WRIST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION RIGHT WRIST	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION RIGHT WRIST	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED SHOULDER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EHLERS-DANLOS SYNDROME	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	ENCOUNTER FOR OTHER ORTHOPEdic AFTERCARE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ENTHESOPATHY UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	ESSENTIAL TREMOR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	FISTULA LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FISTULA RIGHT SHOULDER	CARDIOLOGIST	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FRACTURE UNS PART RT CLAV INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FX LT SHLDR GIRDL PRT UNS INIT ENC CLOS FRACTURE	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FX LT SHLDR GIRDL PRT UNS INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FX RT SHLDR GIRDL PRT UNS INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION LEFT WRIST	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	SURGERY-HAND	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION UNSPECIFIED WRIST	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	HEMARTHROSIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	INFECTIOUS DISEASES	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SPORTS MEDICINE	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	16		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	19	Services are not medically necessary	19		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	FAMILY PRACTICE	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SPORTS MEDICINE	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	18		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	12	Services are not medically necessary	12		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMPLE RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	Imaging Center	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	INCMP RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	13		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	ALLERGY & ASTHMA	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMP ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INFLAMMATORY POLYARTHROPATHY	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INFLAMMATORY POLYARTHROPATHY	RHEUMATOLOGY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INFLAMMATORY POLYARTHROPATHY	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INJURY OF BRACHIAL PLEXUS INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LAC FLEX MUSC FASC TEND UNS FINGER FA INITAL	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LAC MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LAC MUSC FASC TENDON TRICP LT ARM SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LACERATION W/O FOREIGN BODY RT ELBOW INITIAL	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	HAND SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	FAMILY PRACTICE	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	HAND SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	ORTHOPEDIC SURGERY	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS UNSPECIFIED ELBOW	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE LEFT UPPER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE LEFT UPPER LIMB	NEUROLOGY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE LEFT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE LEFT UPPER LIMB	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	GENERAL SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOOSE BODY IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOOSE BODY IN UNSPECIFIED JOINT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOOSE BODY IN UNSPECIFIED JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOOSE BODY IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LOW BACK PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LUMBAGO WITH SCIATICA LEFT SIDE	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	LYMPHOCYTOSIS SYMPTOMATIC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS RIGHT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS RIGHT ELBOW	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS UNSPECIFIED ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	MUSCLE WEAKNESS GENERALIZED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MYELOFIBROSIS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MYOSITIS UNSPECIFIED	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	NDSPLC FX RT ULNA STYLOID PRC INIT ENC CLO FX	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NEURALGIC AMYOTROPHY	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NONDISPLACED FX HEAD LT RADIUS INITIAL CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NONDISPLACED FX HEAD LT RADIUS SUB CLOS FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NONDSPLCD FX GT TUBEROS LT HUM INIT ENC CLOS FX	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NONDSPLCD FX GT TUBEROS LT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NONDSPLCD FX GT TUBEROS RT HUM SUB ENC RTN HLNG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NONDSPLCD FX LAT END RT CLAV INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NULL	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OCCIPITAL NEURALGIA	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OLECRANON BURSITIS LEFT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OLECRANON BURSITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS OF UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OSTEOCHONDROSIS JUV CARPAL LUNATE RIGHT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH FX LOWER RT ULNA INITIAL ENC CLOS FRACTURE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJ MUSC & TEND ROTAT CUFF RT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJURY M&T LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJURY M&T OTH PART BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJURY M&T OTH PART BICPS RT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJURY MUSC & TEND ROTATOR CUFF RT SHLDR SEQ	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJURY MUSC FASC TEND TRICP RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH NONDSPLCD FX UP END RT HUMERUS INITIAL CLOS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH NONDSPLCD FX UP END RT HUMERUS INITIAL CLOS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SOFT TISS D/O REL USE OVERUSE PRESS OTH SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	2		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS LT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS UNS WRIST	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER BEN NEOPLASM SKIN LT UPPER LIMB INCL SHLDR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER BURSTITIS OF ELBOW RIGHT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER BURSTITIS OF HIP UNSPECIFIED HIP	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CALCIFICATION OF MUSCLE RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	11		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	11	Services are not medically necessary	11		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	HOSPITAL	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CYST OF BONE UNSPECIFIED SITE	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CYST OF BONE UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER DISLOCATION RT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHIES NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHIES NOT ELSEWHERE CLASSIFIED	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHIES NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHIES NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	Other injury of unspecified body region, initial encounter	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ELBOW	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	INFECTIOUS DISEASES	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	14		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT WRIST	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ELBOW	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT WRIST	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER JUVENILE OSTEOCHONDROSIS RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER LESIONS OF MEDIAN NERVE LEFT UPPER LIMB	OTHER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER MYOSITIS RIGHT SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER MYOSITIS RIGHT UPPER ARM	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER POLYOSTEOARTHRTIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPEC INJURIES LT WRIST HAND FINGERS INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPEC INJURIES LT WRIST HAND FINGERS INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPEC INJURIES RT WRIST HAND FINGERS INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPEC INJURIES RT WRIST HAND FINGERS INIT	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPEC INJURIES UNS WRIST HAND FINGERS INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC LEFT SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RIGHT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC UNS SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT ELBOW NEC	FAMILY PRACTICE	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT ELBOW NEC	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT WRIST NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT WRIST NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF MUSCLE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF SYNOVIUM LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED SPRAIN UNS WRIST INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPRAIN UNS ELBOW SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SUBLUXATION RT SHOULDER JOINT INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT FOREARM	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT FOREARM	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT HAND	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ARM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ARM	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ARM	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	ANESTHESIOLOGY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	CHIROPRACTOR	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	ORTHOPEDIC SURGERY	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	16		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT FINGERS	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT HAND	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT HAND	INTERNAL MEDICINE	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ANESTHESIOLOGY	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	CHIROPRACTOR	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	CHIROPRACTOR	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ENDOCRINOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	42		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Denied	46	Services are not medically necessary	46		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	GERIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	Imaging Center	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Approved	12		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	23	Services are not medically necessary	23		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	NURSE PRACTITIONER	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	19		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	14	Services are not medically necessary	14		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	OTHER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	OTHER	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	Physician	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	RHEUMATOLOGY	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	RHEUMATOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	119		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	48	Services are not medically necessary	48		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	URGENT CARE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	FAMILY PRACTICE	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	GENERAL PRACTICE	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	Physician	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	RHEUMATOLOGY	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-HAND	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ARM	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ARM	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ARM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	FAMILY PRACTICE	Approved	9		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-HAND	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	33		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ANESTHESIOLOGY	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	CHIROPRACTOR	Approved	10		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	CHIROPRACTOR	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	EMERGENCY MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	39		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are experimental/investigational	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	82	Services are not medically necessary	82		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	GENERAL PRACTICE	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	Imaging Center	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	INTERNAL MED/GASTROENTEROLO GY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Approved	14		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Denied	23	Services are not medically necessary	23		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	NURSE PRACTITIONER	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	NURSE PRACTITIONER	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	22		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	8	Services are not medically necessary	8		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	OTHER	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PAIN MANAGEMENT	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PEDIATRICS	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISTANT	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	133		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	64	Services are not medically necessary	64		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	FAMILY PRACTICE	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	INTERNAL MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	ORTHOPEDIC SURGERY	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	RHEUMATOLOGY	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	RHEUMATOLOGY	Denied	9	Services are not medically necessary	9		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY- PLASTIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-HAND	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	16		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Denied	19	Services are not medically necessary	19		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ELBOW	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ELBOW	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	ANESTHESIOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	INTERNAL MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED WRIST	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED WRIST	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED WRIST	SURGERY-ORTHOPEdic	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PANNICULITIS AFFECT REGIONS NECK BACK SITE UNS	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	POLYOSTEOARTHRITIS UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	POST-TRAUMATIC OSTEOARTHRITIS LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ALLERGY & ASTHMA	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ANESTHESIOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ELBOW	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT HAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ORTHOPEdic SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT WRIST	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT WRIST	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT WRIST	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR RIGHT HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR RIGHT WRIST	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RADIAL COLLATERAL LIG SPRAIN LT ELBOW INITIAL	SURGERY-ORTHOPEdic	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	RADIAL STYLOID TENOSYNOVITIS DE QUERVAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	RADIAL STYLOID TENOSYNOVITIS DE QUERVAIN	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY SITE UNSPECIFIED	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY SITE UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY THORACIC REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	RADIOHUMERAL JOINT SPRAIN RT ELBOW INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RHEUMATOID ARTHRITIS UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SEGMENTAL & SOMATIC DYSFUNCTION UPPER EXTREMITY	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SEPARATION OF MUSCLE NONTRAUMATIC RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SHOULDER LESION UNSPECIFIED RIGHT SHOULDER	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SPINAL STENOSIS CERVICAL REGION	ORTHOPEdic - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ORTHOPEdic - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE EXTENSOR TENDONS LT UP ARM	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE EXTENSOR TENDONS RT FOREARM	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE EXTENSOR TENDONS RT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS LT UPPER ARM	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF FLEXOR TENDONS LEFT HAND	GENERAL PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF FLEXOR TENDONS LEFT HAND	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF OTHER TENDONS RT UP ARM	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OF UNSPECIFIED TENDON	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT CORACOHUMERAL LIGAMENT INITIAL ENC NTR	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN METACARPOMETACARPAL JOINT RT THUMB INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OF CARPAL JOINT OF LEFT WRIST INITIAL	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OF CARPAL JOINT OF LEFT WRIST INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OF CARPAL JOINT OF LEFT WRIST INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OF CARPAL JOINT OF RIGHT WRIST SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OF LEFT ROTATOR CUFF CAPSULE SEQUELA	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OTHER PART RT WRIST & HAND INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RADIOCARPAL JOINT RT WRIST INITIAL ENCNR	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RADIOCARPAL JOINT RT WRIST INITIAL ENCNR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ACROMIOCLAVICULAR JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ACROMIOCLAVICULAR JOINT SUBSQ ENC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	GENERAL PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS PART RT WRIST & HAND INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS PARTS THORAX INITIAL ENCOUNTER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS PARTS UNS SHOULDER GIRDLE SEQUELA	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	PAIN MANAGEMENT	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNR	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STIFFNESS OF LEFT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN M&T LNG HD BICEPS UNS ARM INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PARTS BICPS RA SUB ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSCLE & TENDON BACK WALL THORAX INIT ENC	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TENDON TRICP LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN OTH M&T SHLDR UP ARM LEVL LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM SUB ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN UNS MUS F & T WRIST HAND LVL LT HAND INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRESS FRACTURE RT SHOULDER INITIAL ENC FRACTURE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN FLEX MUSC FASC TEND FINGER UNS FINGR FA INT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC FASC TEND LNG HD BICPS LT ARM INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC FASC TEND LNG HD BICPS LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN OTH EXT MUSC FASC TEND FOREARM LT ARM INIT	Other	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN OTH FLEX MUSC FASC TEND FORARM LT ARM INIT	SPORTS MEDICINE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	STRN OTH FLEX MUSC FASC TEND FOREARM RT ARM SUB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN OTH MUSC FASC TEND FOREARM RT ARM INIT ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL LT ARM INIT ENC	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL LT ARM INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL LT ARM INIT ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL LT ARM INIT ENC	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM INIT ENC	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM SEQ	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM SUB ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM SUB ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM SUB ENC	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM SUB ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL UNS ARM INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	ORTHOPEdic SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEdic	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER SUB	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEdic SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEdic	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	TRAUMATIC ARTHROPATHY LEFT SHOULDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	TRAUMATIC RUPTURE OTHER LIGAMENT LT WRIST INIT	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	TRAUMATIC RUPTURE OTHER LIGAMENT RT WRIST INIT	HAND SURGERY	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	TRAUMATIC RUPTURE OTHER LIGAMENT RT WRIST INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN LT ELB SUBSQT	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN RT ELBOW INITIAL	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN RT ELBOW INITIAL	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN RT ELBOW INITIAL	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN UNS ELBOW INITIAL	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN UNS ELBOW INITIAL	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNOHUMERAL JOINT SPRAIN RT ELBOW INITIAL ENC NTR	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNI PRIM OSTEOARTHRITIS 1ST CMC JOINT LT HAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	ORTHOPEdic SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	ORTHOPEdic - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON RT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON RT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX LOW END LT HUM INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX LT WRIST HAND INITIAL ENC CLOS FRACTURE	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX LT WRIST HAND INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE LT WRIST INIT CLOSED FX	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE LT WRIST INIT CLOSED FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE UNS WRIST INIT CLOSED FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX RT WRIST HAND INITIAL ENC CLOS FRACTURE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX RT WRIST HAND SUBSQT ENC FX ROUTINE HEAL	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX SHFT LT ULNA INITIAL ENC CLOS FRACTURE	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC FASC TEND LNG HD BICEPS RA INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF LT SHLDR INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENC NTR	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENC NTR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENC NTR	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENC NTR	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENC NTR	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM SUBSEQUENT ENC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY MUSC FASC TEND TRICP RT ARM INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY MUSC TEND ROTAT CUFF LT SHLDR SUB ENC	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY MUSC TEND ROTAT CUFF RT SHLDR SUB ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENC NTR	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY SHOULDER UPPER ARM UNS ARM INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOC LT SHOULDER JOINT SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOC LT ULNOHUMERAL JOINT INITIAL	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOC UNS SHOULDER JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LEFT ELBOW INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LT WRIST HAND FINGERS INITIAL	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ELBOW INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED MONONEUROPATHY LEFT UPPER LIMB	EMERGENCY MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED MONONEUROPATHY LEFT UPPER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED MONONEUROPATHY LEFT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT WRIST INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT WRIST INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT WRIST INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT WRIST INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT ELBOW SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT SHOULDER JOINT INITIAL ENC	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT SHOULDER JOINT INITIAL ENC	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT SHOULDER JOINT SUBSQ ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT WRIST SUBSEQUENT ENCOUNTER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT ELBOW SUBSEQUENT ENCOUNTER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT ELBOW SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION RT SHOULDER JOINT INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION RT SHOULDER JOINT SUB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	WRIST DROP LEFT WRIST	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ADHESIVE CAPSULITIS OF LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ANTERIOR SUBLUXATION RT HUMERUS INITIAL ENC NTR	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT ARM	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT ARM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT ARM	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF LEFT UPPER LIMB	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF LEFT UPPER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF RIGHT UPPER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CONTUSION OF RIGHT ELBOW INITIAL ENCOUNTER	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CUTANEOUS ABSCESS OF UNSPECIFIED HAND	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	FISTULA RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	GANGLION RIGHT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	GANGLION UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	GANGLION UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	IMPINGEMENT SYNDROME OF LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	INFLAMMATORY POLYARTHROPATHY	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-GENERAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM SCAP & LONG BONES LT UP LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM SCAP & LONG BONES RT UP LIMB	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MUSCLE WEAKNESS GENERALIZED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NDSPLC FX HOOK HAMATE BN LT WRST SUB ENC FX NU	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OSTEOCHONDROSIS JUV CARPAL LUNATE RIGHT HAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BURSAL CYST LEFT SHOULDER	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER OSTEOMYELITIS UNSPECIFIED SITES	SURGERY-GENERAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SHOULDER LESIONS RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED SPRAIN OF LEFT WRIST INITIAL ENC	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HAND	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	ANESTHESIOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	ONCOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT WRIST	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT WRIST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT WRIST	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ELBOW	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ELBOW	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HAND	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HAND	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT WRIST	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED WRIST	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PYOGENIC ARTHRITIS UNSPECIFIED	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SHOULDER LESION UNSPECIFIED LEFT SHOULDER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNT	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	STIFFNESS OF RIGHT ELBOW NEC	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	STRAIN MUSCLE & TENDON FRONT WALL THORAX SUB	ORTHOPEdic SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	STRAIN OTH M&T SHLDR UP ARM LEVL UNS ARM SUB ENC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED DISLOC UNS SHOULDER JOINT INITIAL	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; with contrast material(s)	PAIN IN UNSPECIFIED HAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	ARTHROPATHIC PSORIASIS UNSPECIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE UNS	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM CNCTV & OTH SOFT TISS LT UP LIMB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM SCAPULA & LONG BONES LT UP LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM SHORT BONES RIGHT UPPER LIMB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM SHORT BONES RIGHT UPPER LIMB	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	BITTEN BY DOG INITIAL ENCOUNTER	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	BOUTONNIERE DEFORMITY OF UNSPECIFIED FINGERS	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	CELLULITIS OF RIGHT FINGER	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	CONTRACTURE UNSPECIFIED HAND	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	CONTUSION OF LEFT UPPER ARM INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	DISORDER OF BONE UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	DSPL FX MEDIAL PHAL LT RING FINGER INIT CLOS FX	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	DSPL FX MEDIAL PHAL LT RING FINGER INIT CLOS FX	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	DSPL FX PROX PHAL LT MID FNGR INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION LEFT ELBOW	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION LEFT HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION LEFT HAND	SURGERY-ORTHOPEdic	Approved	1		0		0

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MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION RIGHT HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION RIGHT HAND	RHEUMATOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION RIGHT WRIST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	EFFUSION UNSPECIFIED JOINT	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	GANGLION RIGHT HAND	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	GANGLION UNSPECIFIED SITE	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	GANGLION UNSPECIFIED SITE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	HYPERTROPHY OF BONE RIGHT HAND	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	INFLAMMATORY POLYARTHRITIS	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	INFLAMMATORY POLYARTHRITIS	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	LAC FLEX MUSC FASC TEND UNS FINGER FA INITAL	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	LACERATION OTH SPEC M&T WRIST HAND LT HAND INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	MYELOFIBROSIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	NDSPLC FX BASE 3RD MC BN RT HND INIT ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	NDSPLC FX BASE 4TH MC BN LT HND INIT ENC CLOS FX	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	NONDSPLCD FX GT TUBEROS LT HUM INIT ENC CLOS FX	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OCCIPITAL NEURALGIA	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTH INJURY M&T OTH PART BICIPIS RT ARM INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTH SOFT TISS D/O REL USE OVERUSE PRESS OTH SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEdic	Approved	3		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER CONSTIPATION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER INJURY FLEX M&T RT RF WRIST HAND LEVL INIT	OTHER	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER NAIL DISORDERS	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPEC INJURIES RT WRIST HAND FINGERS INIT	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT WRIST NEC	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF MUSCLE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF SYNOVIUM RIGHT HAND	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED SPRAIN UNS WRIST INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0

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MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT FOREARM	GENERAL PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT HAND	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN ARM UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ARM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ARM	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ARM	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ARM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ARM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ELBOW	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOREARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOREARM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	INTERNAL MEDICINE	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	RHEUMATOLOGY	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT UPPER ARM	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT UPPER ARM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT UPPER ARM	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT WRIST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT WRIST	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ELBOW	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FINGERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FINGERS	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FINGERS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FINGERS	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	FAMILY PRACTICE	Approved	3		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	Physician	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	PLASTIC SURGERY	Approved	1		0		0

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MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	RHEUMATOLOGY	Approved	6		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	RHEUMATOLOGY	Denied	12	Services are not medically necessary	12		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	SURGERY-ORTHOPEdic	Approved	4		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT UPPER ARM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT UPPER ARM	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT WRIST	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT WRIST	RHEUMATOLOGY	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT WRIST	RHEUMATOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED FINGERS	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED HAND	RHEUMATOLOGY	Approved	3		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED HAND	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT HAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	RHEUMATOLOGY	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, other than joint; without contrast material(s)	RA WITHOUT RHEUMATOID FACTOR RIGHT HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	RHEUMATOID ARTHRITIS UNSPECIFIED	RHEUMATOLOGY	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	RHEUMATOID ARTHRITIS UNSPECIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE OF OTHER TENDONS LEFT UP ARM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE OF UNSPECIFIED TENDON	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN INTERPHALANGEAL JOINT RT INDEX FINGER INT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JNT LT RING FINGR INT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JNT LT RING FINGR INT	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JNT RT RING FINGR INT	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JOINT LEFT THUMB INIT	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JOINT LEFT THUMB INIT	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JOINT LEFT THUMB INIT	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JOINT RT THUMB INIT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JOINT RT THUMB INIT	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JOINT RT THUMB INIT	SURGERY-ORTHOPEdic	Approved	2		0		0

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MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN OTHER PART RT WRIST & HAND INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN UNS PART RT WRIST & HAND INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	STIFFNESS OF RIGHT HAND NOT ELSEWHERE CLASSIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN FLEX M&T UNS FINGER WRIST HAND LEVL INIT	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PARTS BICPS RA SUB ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT HAND INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRN EXT/ABDC MUSC FASC TEND L THUMB FORARM INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRAUMAT RUPTURE COLLAT LIG RT LF MCP IP JNT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRAUMATIC RUPTURE LT RADIAL COLLATERAL LIG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRAUMATIC RUPTURE RT ULNAR COLLATERAL LIG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRAUMATIC RUPTURE RT ULNAR COLLATERAL LIG SUBSQ	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRIGGER FINGER LEFT LITTLE FINGER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRIGGER FINGER RIGHT INDEX FINGER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRIGGER FINGER RIGHT MIDDLE FINGER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	Unknown	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	Unknown	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNS FX SHAFT HUM LT ARM INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNS INJURY M&T OTH PART BICPS UNS ARM INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJ EXT M&T RT MF WRIST HAND INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY LEFT FOREARM INITIAL ENCNT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY UNS WRIST HAND FINGERS INIT	ADULT/PEDIATRIC MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY UNS WRIST HAND FINGERS INIT	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED OPEN WOUND LT HAND INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	VILLONODULAR SYNOVITIS PIGMENTED UNS ANKLE & FT	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE HEMATOGENOUS OSTEOMYELITIS RIGHT HAND	INFECTIOUS DISEASES	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTH SOFT TISS LT UP LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTH SOFT TISS LT UP LIMB	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTH SOFT TISS LT UP LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTH SOFT TISS RT UP LIMB	GENERAL PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM CNCTV & OTH SOFT TISS RT UP LIMB	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM SCAPULA & LONG BONES LT UP LIMB	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM SHORT BONES RIGHT UPPER LIMB	GENERAL PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM SHORT BONES RIGHT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	4		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	ONCOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION UNSPECIFIED HAND	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION UNSPECIFIED HAND	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	EFFUSION UNSPECIFIED JOINT	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	HEMANGIOMA UNSPECIFIED SITE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	INFLAMMATORY POLYARTHROPATHY	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LESION OF RADIAL NERVE LEFT UPPER LIMB	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	ORTHOPEdic SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-PEDIATRIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	OSTEOPATHIC MANIPULATIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS RT UP LIMB W/SHLDR	ONCOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	3		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	ONCOLOGY	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OSTEOMYELITIS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CYST OF BONE LEFT LOWER LEG	SURGERY-ORTHOPEdic	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER INJURY FLEX M&T RT RF WRIST HAND LEVL INIT	OTHER	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER LESIONS OF MEDIAN NERVE LEFT UPPER LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER NAIL DISORDERS	SURGERY-ORTHOPEdic	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER NAIL DISORDERS	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS BONE UNSPECIFIED SITE	HOSPITAL	Approved	1		0		0

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MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED SOFT TISSUE DISORDERS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED SOFT TISSUE DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPRAIN OF RIGHT THUMB INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FINGERS	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FINGERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOREARM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HAND	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ARM	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HAND	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HAND	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HAND	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HAND	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	CARDIOVASCULAR SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED HAND	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED WRIST	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SARCOIDOSIS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SOFT TISSUE DISORDER UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN UNS PART UNS WRIST & HAND INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SUPERFICIAL FB RT LITTLE FINGER INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TRAUMATIC RUPTURE LT RADIAL COLLATERAL LIG INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	RHEUMATOLOGY	Approved	1		0		0
MS CONTIN ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
MS CONTIN ER 15 MG TABLET	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pain Management	Approved	1		0		0
MS CONTIN ER 15 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Emergency Medicine	Approved	1		0		0
MS CONTIN ER 15 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hospice And Palliative Medicine	Approved	1		0		0
MS CONTIN ER 15 MG TABLET	PAIN IN LEFT KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
MS CONTIN ER 30 MG TABLET	BRACHIAL PLEXUS DISORDERS	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
MS CONTIN ER 30 MG TABLET	OTHER CHRONIC PAIN	Hematology	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	7		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	7	Services are not medically necessary	7		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	2		0		0
MSH2 GENE FULL SEQ	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	7		0		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	8	Services are not medically necessary	8		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	3	Services are not medically necessary	3		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	GENERALIZED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	5	Services are not medically necessary	5		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF PARIETAL LOBE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH2 GENE FULL SEQ	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	2		0		0
MSH2 GENE FULL SEQ	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Pathology	Approved	1		0		0
MSH2 GENE FULL SEQ	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE KNOWN VARIANTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	7		0		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	7	Services are not medically necessary	7		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	2	Services are not medically necessary	2		0

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MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
MSH6 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	2		0		0
MSH6 GENE FULL SEQ	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	ENCNTR FOR NONPROCRAEAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	7		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	7	Services are not medically necessary	7		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	GENERALIZED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	5	Services are not medically necessary	5		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF PARIETAL LOBE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	OTH TEAR OF LAT MENSCL, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
MSH6 GENE FULL SEQ	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0

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MSH6 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	2		0		0
MSH6 GENE FULL SEQ	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Pathology	Approved	1		0		0
MSH6 GENE FULL SEQ	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSLT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Approved	1		0		0
MSLT	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	7		0		0
MSLT	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
MSLT	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Respiratory	Approved	3		0		0
MSLT	IDIOPATHIC HYPERSOMNIA WITHOUT LONG SLEEP TIME	Respiratory	Approved	1		0		0
MSLT	INSUFFICIENT SLEEP SYNDROME	Respiratory	Denied	1	Services are not medically necessary	1		0
MSLT	NARCOLEPSY WITH CATAPLEXY	Respiratory	Approved	3		0		0
MSLT	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Approved	9		0		0
MSLT	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Denied	2	Services are not medically necessary	2		0
MSLT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	17		0		0
MSLT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	6	Services are not medically necessary	6		0
MSLT	OTHER FATIGUE	Respiratory	Approved	1		0		0
MSLT	OTHER HYPERSOMNIA	Respiratory	Approved	2		0		0
MSLT	OTHER HYPERSOMNIA	Respiratory	Denied	1	Services are not medically necessary	1		0
MSLT	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Denied	1	Services are not medically necessary	1		0
MSLT	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	1		0		0
MSLT	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	1		0		0
MSLT	SNORING	Respiratory	Approved	1		0		0
MSLT	SOMNOLENCE	Respiratory	Approved	1		0		0
MTHFR GENE	ENCNTR FOR EXAM FOR NRML CMPSRN AND CTRL IN CLNCL RSRCH PROG	Ancillary	Denied	1	Services are not medically necessary	1		0
MTHFR GENE	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Ancillary	Denied	1	Services are not medically necessary	1		0
MTHFR GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MULPLETA 3 MG TABLET	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Gastroenterology	Approved	1		0		0
MULPLETA 3 MG TABLET	THROMBOCYTOPENIA, UNSPECIFIED	Gastroenterology	Approved	1		0		0
MULT DEN INSERT DIR CARV/CAM	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
MULT DEN INSERT DIR CARV/CAM	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
MULT DEN INSERT DIR CARV/CAM	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
MULT DEN INSERT DIR CARV/CAM	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
MULTI DEN INSERT CUSTOM MOLD	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
MULTI DEN INSERT CUSTOM MOLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
MULTI DEN INSERT CUSTOM MOLD	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
MULTI DEN INSERT CUSTOM MOLD	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
MULTI DEN INSERT CUSTOM MOLD	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	2		0		0
MULTI DEN INSERT CUSTOM MOLD	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Ancillary	Approved	1		0		0
MULTI DEN INSERT CUSTOM MOLD	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Ancillary	Approved	1		0		0

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Multiple Myeloma	Multiple myeloma not having achieved remission	HOSPITALIST - INTERNAL MEDICIN	Approved	1		0		0
Multiple Myeloma	Multiple myeloma not having achieved remission	RADIATION ONCOLOGY	Approved	2		0		0
Multiple Myeloma	Solitary plasmacytoma not having achieved remission	Other	Approved	1		0		0
MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Periodic limb movement disorder	Ophthalmology		0		0	Approved	1
MULTIPLE SLEEP LATENCY TEST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
MULTIPLE SLEEP LATENCY TEST	SNORING	Ancillary	Approved	1		0		0
MUPIROCIN 2% CREAM	ABRASION OF RIGHT EAR, INITIAL ENCOUNTER	Internal Medicine	Approved	1		0		0
MUPIROCIN 2% CREAM	FOLLICULAR DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MUPIROCIN 2% CREAM	FOLLICULAR DISORDER, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
MUPIROCIN 2% CREAM	METHICILLIN SUSCEP STAPH INFECTION, UNSP SITE	Family Medicine	Approved	1		0		0
MUPIROCIN 2% CREAM	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Internal Medicine	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	ACQUIRED DEFORMITY OF NECK	Facility	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	BENIGN NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	Facility	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	CRANIOSYNOSTOSIS	Facility	Denied	2	Services are not medically necessary	2		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	CRANIOSYNOSTOSIS	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	DIFFUSE CHOLESTEATOSIS, LEFT EAR	Ancillary	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	HYPERTROPHIC SCAR	Facility	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Facility	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Facility	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	SCAR CONDITIONS AND FIBROSIS OF SKIN	Facility	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	SEBACEOUS CYST	Facility	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Physical Medicine	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	RADICULOPATHY, LUMBOSACRAL REGION	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	SCIATICA, LEFT SIDE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
MUSC TEST DONE W/N TEST COMP	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	3		0		0
MUSC TEST DONE W/N TEST COMP	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
MUSC TEST DONE W/N TEST COMP	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	AUTOIMMUNE THYROIDITIS	Physical Medicine	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	MALIGNANT NEOPLASM OF THYROID GLAND	Physical Medicine	Approved	1		0		0

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MUSC TST DONE W/N TST NONEXT	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	2		0		0
MUSC TST DONE W/N TST NONEXT	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Physical Medicine	Approved	2		0		0
MUSC TST DONE W/N TST NONEXT	NONTOXIC GOITER, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	NONTOXIC GOITER, UNSPECIFIED	Physical Medicine	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	NONTOXIC SINGLE THYROID NODULE	Physical Medicine	Approved	1		0		0
MUSC TST DONE W/NERV TST LIM	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
MUSCLE TEST 2 LIMBS	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Physical Medicine	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
MUSCLE TEST 2 LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
MUSCLE TEST 2 LIMBS	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST 2 LIMBS	PRE-EXCITATION SYNDROME	Facility	Approved	1		0		0
MUSCLE TEST 2 LIMBS	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	3		0		0
MUSCLE TEST 2 LIMBS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
MUSCLE TEST 2 LIMBS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	AUTOIMMUNE THYROIDITIS	Physical Medicine	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	MALIGNANT NEOPLASM OF THYROID GLAND	Physical Medicine	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	2		0		0
MUSCLE TEST CRAN NERVE BILAT	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Physical Medicine	Approved	2		0		0
MUSCLE TEST CRAN NERVE BILAT	NONTOXIC GOITER, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	NONTOXIC GOITER, UNSPECIFIED	Physical Medicine	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	NONTOXIC SINGLE THYROID NODULE	Physical Medicine	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0

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MUSCLE TEST CRAN NERVE BILAT	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
MUSCLE TEST CRAN NERVE BILAT	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	3		0		0
MUSCLE TEST HEMIDIAPHRAGM	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
MUSCLE TEST HEMIDIAPHRAGM	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
MUSCLE TEST LARYNX	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
MUSCLE TEST LARYNX	AUTOIMMUNE THYROIDITIS	Physical Medicine	Approved	1		0		0
MUSCLE TEST LARYNX	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
MUSCLE TEST LARYNX	MALIGNANT NEOPLASM OF THYROID GLAND	Physical Medicine	Approved	1		0		0
MUSCLE TEST LARYNX	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	2		0		0
MUSCLE TEST LARYNX	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Physical Medicine	Approved	2		0		0
MUSCLE TEST LARYNX	NONTOXIC GOITER, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST LARYNX	NONTOXIC GOITER, UNSPECIFIED	Physical Medicine	Approved	1		0		0
MUSCLE TEST LARYNX	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
MUSCLE TEST LARYNX	NONTOXIC SINGLE THYROID NODULE	Physical Medicine	Approved	1		0		0
MUSCLE TEST LARYNX	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST LARYNX	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
MUSCLE TEST LARYNX	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
MUSCLE TEST LARYNX	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
MUSCLE TEST LARYNX	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
MUSCLE TEST LARYNX	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST LARYNX	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	3		0		0
MUSCLE TEST NONPARASPINAL	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST NONPARASPINAL	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST NONPARASPINAL	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST NONPARASPINAL	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
MUSCLE TEST NONPARASPINAL	SPINAL STENOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
MUSCLE TRANSFER SHOULDER/ARM	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Other	Approved	1		0		0
MUSCLE-SKIN GRAFT LEG	DISORDER OF LIGAMENT, LEFT ANKLE	Ancillary	Approved	1		0		0
MUSCLE-SKIN GRAFT LEG	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT LEG	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT LEG	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Surgery, Plastic	Approved	1		0		0
MUSCLE-SKIN GRAFT LEG	SECONDARY AND UNSP MALIGNANT NEOPLASM OF LYMPH NODE, UNSP	Urology	Approved	1		0		0
MUSCLE-SKIN GRAFT LEG	UNSPECIFIED OPEN WOUND, UNSPECIFIED LOWER LEG, INIT ENCNTR	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	ANOGENITAL (VENEREAL) WARTS	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	BENIGN NEOPLASM OF SPINAL CORD	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
MUSCLE-SKIN GRAFT TRUNK	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Ancillary	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0

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MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Internal Medicine	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	2		0		0
MUSCLE-SKIN GRAFT TRUNK	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF DUODENUM	Convenience Care Clinic	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Other	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	2		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Surgery, Plastic	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	SECONDARY AND UNSP MALIGNANT NEOPLASM OF LYMPH NODE, UNSP	Other	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	Other	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	2		0		0
MUSCLE-SKIN GRAFT TRUNK	UNSP OPN WND R FRNT WL OF THORAX W/O PENET THOR CAVITY, INIT	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	2		0		0
MUSCLE-SKIN GRAFT TRUNK	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	1		0		0
MUSCLE-SKIN GRAFT, TRUNK; ADJACENT TISS TRANSFERREARRANGE 30.1 TO 60.0 SQ CM	K63.2 - Fistula of intestine; Z85.048 - Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	Plastic Surgery	Approved	1		0		0
MUSCULOSKELETAL SURGERY	BASAL CELL CARCINOMA SKIN/ LEFT LOWER LIMB, INCLUDING HIP	Facility	Denied	1	Services are not medically necessary	1		0
MYCOPHENOLATE 200 MG/ML SUSP	LIVER TRANSPLANT STATUS	Pediatric Gastroenterology	Approved	1		0		0
MYCOPHENOLATE 250 MG CAPSULE	CR(E)ST SYNDROME	Rheumatology	Approved	1		0		0
MYCOPHENOLATE 250 MG CAPSULE	HEART TRANSPLANT STATUS	Cardiovascular Disease	Approved	1		0		0
MYCOPHENOLATE 250 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	3		0		0
MYCOPHENOLATE 250 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Pediatric Nephrology	Approved	1		0		0
MYCOPHENOLATE 250 MG CAPSULE	LIVER TRANSPLANT STATUS	Physician Assistant	Approved	1		0		0
MYCOPHENOLATE 250 MG CAPSULE	LIVER TRANSPLANT STATUS	Surgery, General	Approved	1		0		0
MYCOPHENOLATE 250 MG CAPSULE	LUNG TRANSPLANT STATUS	Pulmonary Disease	Approved	1		0		0

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MYCOPHENOLATE 250 MG CAPSULE	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET		Ophthalmology	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	ARTERITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	AUTOIMMUNE HEPATITIS	Gastroenterology	Approved	2		0		0
MYCOPHENOLATE 500 MG TABLET	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	2		0		0
MYCOPHENOLATE 500 MG TABLET	HEART TRANSPLANT STATUS	Cardiovascular Disease	Approved	2		0		0
MYCOPHENOLATE 500 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	LIVER TRANSPLANT STATUS	Surgery, General	Approved	2		0		0
MYCOPHENOLATE 500 MG TABLET	LUNG TRANSPLANT STATUS	Internal Medicine	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	NEUROMYELITIS OPTICA [DEVIC]	Neurology	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	NEUROMYELITIS OPTICA [DEVIC]	Pediatric Neurology	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Internal Medicine	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS	Rheumatology	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS W ORGAN OR SYSTEM INVOLVEMENT	Pediatrics	Approved	1		0		0
MYCOPHENOLATE 500 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	3		0		0
MYCOPHENOLATE 500 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
MYCOPHENOLATE 500 MG TABLET	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Rheumatology	Approved	1		0		0
MYCOPHENOLIC ACID DR 180 MG TB	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
MYCOPHENOLIC ACID DR 180 MG TB	HEART TRANSPLANT STATUS	Advanced Heart Failure And Transplant Cardiology	Approved	1		0		0
MYCOPHENOLIC ACID DR 180 MG TB	KIDNEY TRANSPLANT STATUS	Internal Medicine	Approved	1		0		0
MYCOPHENOLIC ACID DR 180 MG TB	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
MYCOPHENOLIC ACID DR 360 MG TB	LUNG TRANSPLANT STATUS	Internal Medicine	Approved	1		0		0
MYD88 GENE P.LEU265PRO VRNT	OTHER CHRONIC SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
MYDAYIS	Attention-deficit hyperactivity disorder, combined type	Dermatology		0		0	Approved	1
MYDAYIS	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine		0		0	Denied	1
MYDAYIS	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Physician		0		0	Approved	1
MYDAYIS	PERVASIVE DEVELOPMENTAL DISORDERS	Pain Management		0		0	Approved	1
MYDAYIS ER	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Gastroenterology		0		0	Approved	1
MYDAYIS ER	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Rheumatology		0		0	Approved	1
MYDAYIS ER	Attention-deficit hyperactivity disorder, unspecified type	Physician Assistant		0		0	Approved	1
MYDAYIS ER 12.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 12.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
MYDAYIS ER 12.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
MYDAYIS ER 12.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
MYDAYIS ER 12.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	2	Services are not medically necessary	2		0

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MYDAYIS ER 12.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	3	Services are not medically necessary	3		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	2		0		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	3		0		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	5	Services are not medically necessary	5		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	3		0		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
MYDAYIS ER 25 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	2		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	3		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	3		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0

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MYDAYIS ER 37.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
MYDAYIS ER 37.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	General Practice	Approved	1		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	5		0		0
MYDAYIS ER 37.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	8	Services are not medically necessary	8		0
MYDAYIS ER 37.5 MG CAPSULE	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	8		0		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychology	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pulmonary Disease	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	2	Services are not medically necessary	2		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	General Practice	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	10		0		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	7	Services are not medically necessary	7		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MYFORTIC 180 MG TABLET	HEART TRANSPLANT STATUS	Advanced Heart Failure And Transplant Cardiology	Approved	1		0		0
MYFORTIC 360 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
MYFORTIC 360 MG TABLET	LIVER TRANSPLANT STATUS	Hepatology	Approved	1		0		0
Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) a	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0

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Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	51		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGY & INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR	Approved	7		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	36		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Denied	7	Services are not medically necessary	7		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	FAMILY PRACTICE	Approved	19		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Approved	20		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOVASCULAR DISEASE	Approved	3		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT CV FUNCTION STUDY UNS	INTERNAL MEDICINE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGY & INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	12		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	INTERNAL MEDICINE	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ACUTE ISCHEMIC HEART DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	8		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ACUTE ISCHEMIC HEART DISEASE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ACUTE ISCHEMIC HEART DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Acute myocardial infarction, unspecified	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANESTHESIA OF SKIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	25		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	26		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	INTERNAL MEDICINE	Approved	49		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS WITH DOCUMENTED SPASM	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANXIETY DISORDER UNSPECIFIED	CARDIOLOGIST	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANXIETY DISORDER UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANXIETY DISORDER UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANXIETY DISORDER UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ANXIETY DISORDER UNSPECIFIED	RADIOLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/ANGINA PECTORIS DOC SPASM	CARDIOLOGIST	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/ANGINA PECTORIS DOC SPASM	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	23		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	16		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	INTERNAL MEDICINE	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOLOGIST	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	13		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	18		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	97		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	6	Services are not medically necessary	6		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGY & INTERNAL MEDICINE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	98		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	FAMILY PRACTICE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	29		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	NURSE PRACTITIONER	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ASYMPTOMATIC VARICOSE VNS BILATERAL LOWER EXTREM	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLER NATIVE ART EXTREM REST PAIN BIL LEGS	INTERNAL MEDICINE	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS AUTOLOG VEIN CABG W/OTH FORMS AP	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS CABG UNS W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS OF AORTA	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS OF OTHER ARTERIES	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATRIOVENTRICULAR BLOCK COMPLETE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATRIOVENTRICULAR BLOCK COMPLETE	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ATRIOVENTRICULAR BLOCK FIRST DEGREE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BENIGN NEOPLASM OF PITUITARY GLAND	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	CARDIOLOGIST	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BRADYCARDIA UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BRADYCARDIA UNSPECIFIED	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BRADYCARDIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BRADYCARDIA UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CALCULUS GB W/OTH CHOLECYSTITIS W/OBSTRUCTION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARCINOMA IN SITU OF RIGHT BRONCHUS AND LUNG	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC ARREST CAUSE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC ARRHYTHMIA UNSPECIFIED	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC ARRHYTHMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC MURMUR UNSPECIFIED	CARDIOLOGIST	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC MURMUR UNSPECIFIED	FAMILY PRACTICE	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC MURMUR UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC MURMUR UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIAC MURMUR UNSPECIFIED	THERAPIST- OCCUPATIONAL	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIOMEGALY	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIOMEGALY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIOMEGALY	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIOMEGALY	INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIOMYOPATHY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CEREBRAL INFARCTION UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CEREBRAL INFARCTION UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN ON BREATHING	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	87		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	10	Services are not medically necessary	10		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Approved	7		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR	Approved	13		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	116		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	24	Services are not medically necessary	24		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	17		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	Imaging Center	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	37		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	SLEEP MEDICINE	Approved	1		0		0
MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	CHEST PAIN, UNSPECIFIED	Physician		0		0	Approved	1
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC RHINITIS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	COUGH	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	D/O OF BILE ACID AND CHOLESTEROL METABOLISM UNS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	D/O OF BILE ACID AND CHOLESTEROL METABOLISM UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	D/O OF BILE ACID AND CHOLESTEROL METABOLISM UNS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DIABETES INSIPIDUS	CARDIOLOGIST	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DIABETES MELLITUS D/T UNDERLYING COND W/O COMP	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DILATED CARDIOMYOPATHY	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DILATED CARDIOMYOPATHY	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DISCOID LUPUS ERYTHEMATOSUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DISORDER OF ARTERIES AND ARTERIOLES UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DISORDER OF PHOSPHORUS METABOLISM UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DISORDER OF THYROID UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DISORDER THE AUTONOMIC NERVOUS SYSTEM UNS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DIZZINESS AND GIDDINESS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DIZZINESS AND GIDDINESS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DM D/T UNDERLY W/DIAB AUTONOMIC POLYNEURPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	CARDIOLOGIST	Approved	7		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	8		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER AFTERCARE FOLLOWING HEART TRANSPLANT	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOVASCULAR DISEASE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	CARDIOLOGIST	Approved	7		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	CARDIOVASCULAR DISEASE	Approved	8		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	END STAGE RENAL DISEASE	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	EPIGASTRIC PAIN	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	97		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	15	Services are not medically necessary	15		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGY & INTERNAL MEDICINE	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR	Approved	11		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	108		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	19	Services are not medically necessary	19		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	12		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	GENERAL PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	HOSPITAL	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	27		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	NUCLEAR MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	RADIOLOGY - DIAGNOSTIC	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HANTAVIRUS CARDIO-PULMONARY SYNDROME HPS HCPS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HEART FAILURE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HEART TRANSPLANT STATUS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HOMOCYSTINURIA	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERCALCEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	104		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Denied	13	Services are not medically necessary	13		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	63		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	6	Services are not medically necessary	6		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	9		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Approved	15		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	11		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	INTERNAL MEDICINE	Approved	12		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPO-OSMOLALITY AND HYPONATREMIA	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPO-OSMOLALITY AND HYPONATREMIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPOTHYROIDISM UNSPECIFIED	CARDIOLOGIST	Approved	10		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPOTHYROIDISM UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPOTHYROIDISM UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	12		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPOTHYROIDISM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	IRON DEFICIENCY ANEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	IRON DEFICIENCY ANEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ISCHEMIC CARDIOMYOPATHY	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LEFT POSTERIOR FASCICULAR BLOCK	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LIPOPROTEIN DEFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LIPOPROTEIN DEFICIENCY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALFORMATION OF CORONARY VESSELS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM OF PROSTATE	CARDIOLOGIST	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM OF THYMUS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM OF THYROID GLAND	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MAMMO CALCIFICATION FOUND ON DX IMAGING BREAST	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	56		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Denied	8	Services are not medically necessary	8		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	56		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	ENDOCRINOLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Approved	7		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Approved	12		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Approved	9		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	INTERNAL MEDICINE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MULTIPLE SCLEROSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	CARDIOLOGIST	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	CARDIOVASCULAR DISEASE	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC AORTIC VALVE STENOSIS W/INSUFF	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	INTERNAL MEDICINE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONRHEUMATIC TRICUSPID VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONSPECIFIC INTRAVENTRICULAR BLOCK	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NON-ST ELEVATION MYOCARDIAL INFARCTION	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NON-ST ELEVATION MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NONTOXIC SINGLE THYROID NODULE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	NULL	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED	CARDIOLOGIST	Approved	21		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	18		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED	INTERNAL MEDICINE	Approved	7		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED	RADIOLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOLOGIST	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OLD MYOCARDIAL INFARCTION	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OLD MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OLD MYOCARDIAL INFARCTION	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTH SPEC DIABETES MELLITUS W/DIABETIC DERMATITIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTH SPEC DISORDER INVOLVING IMMUNE MECHANISM NEC	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER ASTHMA	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CARDIOMYOPATHIES	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CARDIOMYOPATHIES	INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOLOGIST	Approved	35		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOLOGY & INTERNAL MEDICINE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOVASCULAR	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	46		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	7	Services are not medically necessary	7		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	3		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	10		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FATIGUE	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FATIGUE	CARDIOVASCULAR	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FATIGUE	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FATIGUE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FLUID OVERLOAD	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	27		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ANGINA PECTORIS	INTERNAL MEDICINE	Approved	17		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF ANGINA PECTORIS	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Approved	12		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Approved	9		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA	FAMILY PRACTICE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Approved	9		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER HEADACHE SYNDROME	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER NONRHEUMATIC MITRAL VALVE DISORDERS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER OBESITY	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER OBESITY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER OBESITY	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER OBESITY	Physician	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Approved	7		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER RIGHT BUNDLE-BRANCH BLOCK	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPECIFIED DIAB W/KETOACIDOSIS W/O COMA	CARDIOVASCULAR DISEASE	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPECIFIED PULMONARY HEART DISEASES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER VISUAL DISTURBANCES	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OVERWEIGHT	CARDIOLOGIST	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OVERWEIGHT	CARDIOVASCULAR DISEASE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OVERWEIGHT	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OVERWEIGHT	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAIN IN LEFT ARM	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAIN IN LEFT LEG	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAIN IN RIGHT LEG	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAIN IN UNSPECIFIED LIMB	INTERNAL MEDICINE	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	CARDIOLOGIST	Approved	16		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	CARDIOLOGIST	Denied	7	Services are not medically necessary	7		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	CARDIOLOGY & INTERNAL MEDICINE	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	31		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	CARDIOVASCULAR DISEASE	Denied	7	Services are not medically necessary	7		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	Imaging Center	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	INTERNAL MEDICINE	Approved	10		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PARKINSONS DISEASE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	11		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	11		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERICARDIAL EFFUSION NONINFLAMMATORY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERSISTENT ATRIAL FIBRILLATION	THERAPIST-OCCUPATIONAL	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PHLEBITIS & THROMBOPHLEB FEMORAL VEIN BILATERAL	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	CARDIOLOGIST	Approved	45		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	CARDIOVASCULAR	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	25		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Denied	9	Services are not medically necessary	9		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	INTERNAL MEDICINE	Approved	10		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	SURGERY-THORACIC	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRE-EXCITATION SYNDROME	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRE-EXCITATION SYNDROME	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRESENCE OF AORTOCORONARY BYPASS GRAFT	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRESENCE OF OTHER CARDIAC IMPLANTS AND GRAFTS	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PURE HYPERGLYCERIDEMIA	CARDIOLOGIST	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PURE HYPERGLYCERIDEMIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PURE HYPERGLYCERIDEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	RHEUMATIC AORTIC INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	RHEUMATIC TRICUSPID INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SECONDARY POLYCYTHEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Secondary pulmonary arterial hypertension	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Secondary pulmonary arterial hypertension	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	98		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	8	Services are not medically necessary	8		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOLOGY & INTERNAL MEDICINE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOVASCULAR	Approved	11		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	92		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	Imaging Center	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	INFECTIOUS DISEASES	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	14		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SILENT MYOCARDIAL ISCHEMIA	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SLEEP APNEA UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SLEEP APNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SLEEP APNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ST ELEVATION MI INVOLV OTH CORONARY ART INF WALL	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ST ELEVATION MYOCARDIAL INFARCTION INVOLVING RCA	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SUPRAVENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SYNCOPE AND COLLAPSE	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SYNCOPE AND COLLAPSE	RADIOLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TACHYCARDIA UNSPECIFIED	CARDIOLOGIST	Approved	3		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TACHYCARDIA UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TACHYCARDIA UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TACHYCARDIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	THORACIC AORTIC ECTASIA	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	THROMBOCYTOPENIA UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	THYROTOXICOSIS UNS W/O THYROTOXIC CRISIS/STORM	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TOBACCO USE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	CARDIOVASCULAR DISEASE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	NEPHROLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	CARDIOLOGIST	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	CARDIOLOGIST	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	CARDIOVASCULAR	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	CARDIOVASCULAR DISEASE	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	FAMILY PRACTICE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOLOGIST	Approved	8		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	INTERNAL MEDICINE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	PHYSICIAN ASSISTANT	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOLOGIST	Approved	8		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOVASCULAR DISEASE	Approved	5		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	86		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Denied	6	Services are not medically necessary	6		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGY & INTERNAL MEDICINE	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	108		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	20		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	RADIOLOGY - DIAGNOSTIC	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	CARDIOLOGIST	Approved	2		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	CARDIOLOGIST	Approved	27		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	CARDIOLOGIST	Denied	6	Services are not medically necessary	6		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	CARDIOVASCULAR DISEASE	Approved	31		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	FAMILY PRACTICE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	INTERNAL MEDICINE	Approved	10		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ASTHMA UNCOMPLICATED	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ASTHMA UNCOMPLICATED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATHEROSCLEROSIS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATHEROSCLEROSIS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	5		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FIBRILLATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED ATRIAL FLUTTER	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSPECIFIED TYPE CARCINOMA IN SITU UNS BREAST	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSTABLE ANGINA	CARDIOLOGIST	Approved	11		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSTABLE ANGINA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	Approved	7		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSTABLE ANGINA	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VARICOSE VEINS BILATERAL LOWER EXTREM W/PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	CARDIOVASCULAR DISEASE	Approved	3		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGIST	Approved	4		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENTRICULAR PREMATURE DEPOLARIZATION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VITAMIN B12 DEF ANEMIA DUE INTRINSIC FACTOR DEF	CARDIOVASCULAR DISEASE	Approved	2		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VITAMIN D DEFICIENCY UNSPECIFIED	CARDIOLOGIST	Approved	3		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VITAMIN D DEFICIENCY UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VITAMIN D DEFICIENCY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VITAMIN D DEFICIENCY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	VON WILLEBRANDS DISEASE	CARDIOLOGIST	Approved	1		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ANGINA PECTORIS UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Approved	2		0		0

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Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	6		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	PALPITATIONS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	PRECORDIAL PAIN	CARDIOLOGIST	Approved	1		0		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	PRECORDIAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	2		0		0
MYOCDR IMG PET 1STD RST/STRS	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Ancillary	Approved	1		0		0
MYOCDR IMG PET MLT RST&STRS	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Ancillary	Approved	1		0		0
MYOCDR IMG PET MLT RST&STRS	CHEST PAIN, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
MYOCDR IMG PET SINGLE STUDY	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Ancillary	Approved	1		0		0
MYOMECTOMY ABDOM COMPLEX	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Denied	1	Services are not medically necessary	1		0
MYOMECTOMY ABDOM COMPLEX	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Other	Approved	1		0		0
MYOMECTOMY ABDOM COMPLEX	LEIOMYOMA OF UTERUS, UNSPECIFIED	Other	Approved	1		0		0
MYOMECTOMY ABDOM METHOD	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
MYOMECTOMY ABDOM METHOD	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Other	Denied	1	Services are not medically necessary	1		0
MYOMECTOMY ABDOM METHOD	INTRAMURAL LEIOMYOMA OF UTERUS	Other	Approved	1		0		0
MYOMECTOMY ABDOM METHOD	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
MYOMECTOMY ABDOM METHOD	LEIOMYOMA OF UTERUS, UNSPECIFIED	Other	Approved	2		0		0
MYOMECTOMY ABDOM METHOD	SUBMUCOUS LEIOMYOMA OF UTERUS	Ancillary	Approved	1		0		0
MYOMECTOMY VAG METHOD	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	1		0		0
MYOMECTOMY VAG METHOD	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
MYORISAN		Physician Assistant		0		0	Denied	1
MYORISAN	ACNE VULGARIS	Physician Assistant		0		0	Approved	1
MYORISAN 30 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
MYORISAN 40 MG CAPSULE	ACNE	Dermatology	Approved	1		0		0
MYORISAN 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Approved	2		0		0
MYORISAN 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	7	Services are not medically necessary	7		0
MYORISAN 40 MG CAPSULE	ACNE VULGARIS	Dermatopathology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ	FREQUENCY OF MICTURITION	Emergency Medicine		0		0	Approved	1

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MYRBETRIQ	Overactive bladder	Emergency Medicine		0		0	Approved	1
MYRBETRIQ	OVERACTIVE BLADDER	Pain Management		0		0	Denied	1
MYRBETRIQ	PSORIASIS VULGARIS	Neurology		0		0	Denied	1
MYRBETRIQ ER	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	Surgery, Orthopedic		0		0	Approved	1
MYRBETRIQ ER	OVERACTIVE BLADDER	Internal Medicine		0		0	Approved	1
MYRBETRIQ ER 25 MG TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	EXTRAVASATION OF URINE	Obstetrics/Gynecology	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	FREQUENCY OF MICTURITION	Family Medicine	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	FREQUENCY OF MICTURITION	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	FREQUENCY OF MICTURITION	Urology	Approved	2		0		0
MYRBETRIQ ER 25 MG TABLET	FREQUENCY OF MICTURITION	Urology	Denied	4	Services are not medically necessary	4		0
MYRBETRIQ ER 25 MG TABLET	FUNCTIONAL URINARY INCONTINENCE	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	INFLAMMATORY DISEASE OF PROSTATE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	MIXED INCONTINENCE	Family Medicine	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	MIXED INCONTINENCE	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	MIXED INCONTINENCE	Physician	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	MIXED INCONTINENCE	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	NOCTURIA	Internal Medicine	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Urology	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	OTHER URETHRITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Approved	2		0		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Denied	4	Services are not medically necessary	4		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Gynecology (No OB)	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Internal Medicine	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Pediatrics	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Physician	Denied	2	Services are not medically necessary	2		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Radiation Oncology	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Urology	Denied	5	Services are not medically necessary	5		0
MYRBETRIQ ER 25 MG TABLET	STRESS INCONTINENCE (FEMALE) (MALE)	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	STRESS INCONTINENCE (FEMALE) (MALE)	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	UNINHIBITED NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	Urology	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Family Medicine	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Internal Medicine	Denied	3	Services are not medically necessary	3		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Family Medicine	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Family Medicine	Denied	5	Services are not medically necessary	5		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Obstetrics/Gynecology	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Urology	Approved	3		0		0

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MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Urology	Denied	3	Services are not medically necessary	3		0
MYRBETRIQ ER 25 MG TABLET	URGENCY OF URINATION	Family Medicine	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	URGENCY OF URINATION	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	4	Services are not medically necessary	4		0
MYRBETRIQ ER 50 MG TABLET	CALCULUS OF KIDNEY	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	DYSURIA	Physician Assistant	Denied	2	Services are not medically necessary	2		0
MYRBETRIQ ER 50 MG TABLET	FREQUENCY OF MICTURITION	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	FREQUENCY OF MICTURITION	Female Pelvic Medicine And Reconstructive Surgery	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	FREQUENCY OF MICTURITION	Urology	Approved	3		0		0
MYRBETRIQ ER 50 MG TABLET	FREQUENCY OF MICTURITION	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	INTERSTITIAL CYSTITIS (CHRONIC) WITHOUT HEMATURIA	Family Medicine	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	MIXED INCONTINENCE	Urology	Approved	2		0		0
MYRBETRIQ ER 50 MG TABLET	MIXED INCONTINENCE	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Family Medicine	Approved	2		0		0
MYRBETRIQ ER 50 MG TABLET	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	NOCTURNAL ENURESIS	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	NOCTURNAL ENURESIS	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	OTHER MICROSCOPIC HEMATURIA	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Approved	2		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Denied	8	Services are not medically necessary	8		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Internal Medicine	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Internal Medicine	Denied	2	Services are not medically necessary	2		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Neurology	Approved	2		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Nurse Practitioner	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Obstetrics/Gynecology	Approved	2		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Obstetrics/Gynecology	Denied	5	Services are not medically necessary	5		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Physician	Denied	2	Services are not medically necessary	2		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Physician Assistant	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Physician Assistant	Denied	2	Services are not medically necessary	2		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Urology	Approved	14		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Urology	Denied	10	Services are not medically necessary	10		0
MYRBETRIQ ER 50 MG TABLET	STRESS INCONTINENCE (FEMALE) (MALE)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	STRESS INCONTINENCE (FEMALE) (MALE)	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	STRESS INCONTINENCE (FEMALE) (MALE)	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	UNINHIBITED NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Internal Medicine	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
MYRBETRIQ ER 50 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Physician	Approved	1		0		0

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MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Family Medicine	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Family Medicine	Denied	2	Services are not medically necessary	2		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Female Pelvic Medicine And Reconstructive Surgery	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Obstetrics/Gynecology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Obstetrics/Gynecology	Denied	4	Services are not medically necessary	4		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Urology	Approved	5		0		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Urology	Denied	3	Services are not medically necessary	3		0
MYRBETRIQ ER 50 MG TABLET	URGENCY OF URINATION	Nurse Practitioner	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	URGENCY OF URINATION	Physician Assistant	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	URGENCY OF URINATION	Urology	Approved	2		0		0
MYRBETRIQ ER 50 MG TABLET	URGENCY OF URINATION	Urology	Denied	6	Services are not medically necessary	6		0
MYRBETRIQ ER 50 MG TABLET	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Urology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Urology	Denied	1	Services are not medically necessary	1		0
N BLOCK LUMBAR/THORACIC	CHRONIC PAIN SYNDROME	Facility	Denied	1	Services are not medically necessary	1		0
N BLOCK, LUMBAR/THORACIC	ALGONEURODYSTROPHY LEFT LOWER LEG	PAIN MANAGEMENT	Approved	2		0		0
N BLOCK, LUMBAR/THORACIC	CAUSALGIA OF UNSPECIFIED UPPER LIMB	PAIN MANAGEMENT	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	3		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	ANESTHESIOLOGY	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	FAMILY PRACTICE	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	ANESTHESIOLOGY	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	PAIN MANAGEMENT	Approved	2		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I UNS LOWER LIMB	ANESTHESIOLOGY	Approved	2		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I UNS LOWER LIMB	PAIN MANAGEMENT	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX RGN PAIN SYNDROME I LOWER LIMB BILATERAL	ANESTHESIOLOGY	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX RGN PAIN SYNDROME I LOWER LIMB BILATERAL	PAIN MANAGEMENT	Approved	2		0		0
N BLOCK, LUMBAR/THORACIC	GENERALIZED ABDOMINAL PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
N BLOCK, LUMBAR/THORACIC	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
N BLOCK, LUMBAR/THORACIC	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
N BLOCK, LUMBAR/THORACIC	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
NA FERRIC GLUCONATE COMPLEX; IV INFUSION, THERAPY/PROPHYLAXIS/DIAGNOSIS INI TO 1 HR	I50.9 - Heart failure, unspecified; Q24.9 - Congenital malformation of heart, unspecified; Z76.82 - Awaiting organ transplant status	Pediatric Cardiology	Approved	1		0		0
NAFTIN 2% GEL	DERMATOPHYTOSIS, UNSPECIFIED	Podiatry	Approved	1		0		0
NAFTIN 2% GEL	TINEA PEDIS	Dermatology	Approved	1		0		0

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NAFTIN 2% GEL	TINEA PEDIS	Podiatry	Approved	1		0		0
NALFON 600 MG TABLET	PAIN IN LEFT SHOULDER	Podiatry	Approved	1		0		0
NAPROXEN 125 MG/5 ML SUSPEN	PATHOLOGICAL FRACTURE, UNSP TIBIA AND FIBULA, INIT FOR FX	Podiatry	Approved	1		0		0
NAPROXEN SOD CR 375 MG TABLET	LOW BACK PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NAPROXEN SOD CR 375 MG TABLET	MUSCLE SPASM OF BACK	Chiropractic	Denied	1	Services are not medically necessary	1		0
NAPROXEN SOD CR 375 MG TABLET	PAIN IN UNSPECIFIED JOINT	General Practice	Denied	1	Services are not medically necessary	1		0
NAPROXEN SOD CR 500 MG TABLET	SCIATICA, RIGHT SIDE	Family Medicine	Denied	1	Services are not medically necessary	1		0
NAPROXEN SOD CR 500 MG TABLET	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
NASAL APPLICATION DEVICE	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	APNEA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	CHANGE IN BOWEL HABIT	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	LESION OF LATERAL POPLITEAL NERVE, BILATERAL LOWER LIMBS	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	MELENA	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	148		0		0
NASAL APPLICATION DEVICE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	PALPITATIONS	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	RIGHT UPPER QUADRANT PAIN	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
NASAL APPLICATION DEVICE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	2		0		0
NASAL APPLICATION DEVICE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Ancillary	Approved	1		0		0
NASAL DECONGESTANT 0.05% SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Family Medicine	Denied	1	Services are not medically necessary	1		0
NASAL ENDOSCOPY DX	OTHER GENERAL SYMPTOMS AND SIGNS	Facility	Approved	1		0		0
NASAL SURGERY PROCEDURE	HYPERTROPHY OF NASAL TURBINATES	Facility	Denied	1	Services are not medically necessary	1		0
NASAL SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Denied	1	Services are not medically necessary	1		0
NASAL SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Denied	1	Services are not medically necessary	1		0
NASAL/SINUS ENDOSCOPY SURG	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	2		0		0
NASAL/SINUS ENDOSCOPY SURG	CHRONIC PANSINUSITIS	Ancillary	Approved	3		0		0
NASAL/SINUS ENDOSCOPY SURG	CHRONIC PANSINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0

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NASAL/SINUS ENDOSCOPY SURG	EPISTAXIS	Ancillary	Approved	1		0		0
NASAL/SINUS ENDOSCOPY SURG	OTHER CHRONIC SINUSITIS	Facility	Approved	1		0		0
NASAL/SINUS ENDOSCOPY SURG	OTHER DEFORMITIES OF TOE(S) (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
NASAL/SINUS ENDOSCOPY SURG	OTHER GENERAL SYMPTOMS AND SIGNS	Facility	Approved	1		0		0
NASAL/SINUS ENDOSCOPY SURG	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, SELF-HARM, INIT	Ancillary	Approved	1		0		0
NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Chronic frontal sinusitis	Physician Assistant		0		0	Approved	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	CHRONIC MAXILLARY SINUSITIS	Rheumatology		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	CHRONIC PANSINUSITIS	Allergy/Immunology		0		0	Approved	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	CHRONIC PANSINUSITIS	Gastroenterology		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	Chronic pansinusitis	Surgery, Orthopedic		0		0	Denied	2
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	CHRONIC SINUSITIS, UNSPECIFIED	Physical Medicine		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	CHRONIC SINUSITIS, UNSPECIFIED	Surgery, Plastic		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	Chronic sphenoidal sinusitis	Surgery, Plastic		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL SINUS OSTIUM	Chronic pansinusitis	Family Medicine		0		0	Approved	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL SINUS OSTIUM	Deviated nasal septum	Surgery, Orthopedic		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	CHRONIC FRONTAL SINUSITIS	Dermatology		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	CHRONIC MAXILLARY SINUSITIS	Dermatology		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Chronic maxillary sinusitis	Endocrinology And Metabolism		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	CHRONIC MAXILLARY SINUSITIS	Neurology		0		0	Approved	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	CHRONIC MAXILLARY SINUSITIS	Neurology		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	CHRONIC MAXILLARY SINUSITIS	Surgery, Orthopedic		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	CHRONIC MAXILLARY SINUSITIS	Urology		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Chronic sphenoidal sinusitis	Physical Medicine		0		0	Denied	1

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NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	HYPERTROPHY OF NASAL TURBINATES	Cardiovascular Disease		0		0	Approved	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Hypertrophy of nasal turbinates	Emergency Medicine		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	OTHER CHRONIC SINUSITIS	Physician		0		0	Denied	2
NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); SPHENOID SINUS OSTIUM	Allergic rhinitis, unspecified	Dermatology		0		0	Denied	1
NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	CHRONIC PANSINUSITIS	Rheumatology		0		0	Denied	1
NASCOBAL 500 MCG NASAL SPRAY	ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	ANEMIA, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	BARIATRIC SURGERY STATUS	Surgery, General	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	BARIATRIC SURGERY STATUS	Surgery, Vascular	Approved	2		0		0
NASCOBAL 500 MCG NASAL SPRAY	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	Endocrinology And Metabolism	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	Family Medicine	Approved	3		0		0
NASCOBAL 500 MCG NASAL SPRAY	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE	Surgery, General	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	OTHER VITAMIN B12 DEFICIENCY ANEMIAS	Family Medicine	Approved	2		0		0
NASCOBAL 500 MCG NASAL SPRAY	POSTSURGICAL MALABSORPTION, NOT ELSEWHERE CLASSIFIED	Surgery, General	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NASCOBAL 500 MCG NASAL SPRAY	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B DEFICIENCY, UNSPECIFIED	Family Medicine	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFIC ANEMIA DUE TO INTRINSIC FACTOR DEFICIENCY	Family Medicine	Approved	4		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFIC ANEMIA DUE TO INTRINSIC FACTOR DEFICIENCY	Neurology	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFIC ANEMIA DUE TO INTRINSIC FACTOR DEFICIENCY	Surgery, Vascular	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFICIENCY ANEMIA	Neurology	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFICIENCY ANEMIA, UNSPECIFIED	Dermatology	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFICIENCY ANEMIA, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFICIENCY ANEMIA, UNSPECIFIED	Neurology	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN B12 DEFICIENCY ANEMIA, UNSPECIFIED	Surgery, General	Approved	1		0		0
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN DEFICIENCY, UNSPECIFIED	Surgery, General	Approved	2		0		0
NATALIZUMAB INJECTION	INTRAMURAL LEIOMYOMA OF UTERUS	Ancillary	Approved	1		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Allergy/Immunology	Approved	1		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Ancillary	Approved	6		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Facility	Approved	2		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Internal Medicine	Approved	3		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Neurology	Approved	9		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
NATESTO NASAL	TESTICULAR HYPOFUNCTION	Internal Medicine		0		0	Denied	1

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NATESTO NASAL 5.5 MG/0.122 GM	OTHER TESTICULAR DYSFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NATESTO NASAL 5.5 MG/0.122 GM	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NATESTO NASAL 5.5 MG/0.122 GM	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
NATESTO NASAL 5.5 MG/0.122 GM	TESTICULAR HYPOFUNCTION	Urology	Approved	2		0		0
NATESTO NASAL 5.5 MG/0.122 GM	TESTICULAR HYPOFUNCTION	Urology	Denied	4	Services are not medically necessary	4		0
Native coronary artery catheterization	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization	Acute myocardial infarction, unspecified	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization	HEART TRANSPLANT STATUS	CARDIOVASCULAR SURGERY	Approved	1		0		0
Native coronary artery catheterization	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	NONRHEUMATIC AORTIC VALVE STENOSIS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0

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Native coronary artery catheterization	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with grafts	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart cath and grafts	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart cath and grafts	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	5		0		0
Native coronary artery catheterization with left heart cath and grafts	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with left heart cath and grafts	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOLOGIST	Approved	4		0		0
Native coronary artery catheterization with left heart cath and grafts	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	3		0		0
Native coronary artery catheterization with left heart cath and grafts	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	5		0		0
Native coronary artery catheterization with left heart cath and grafts	ATHEROSCLEROSIS CABG UNS W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	ATHEROSCLEROSIS CABG UNS W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart cath and grafts	ATHEROSCLEROSIS OF AORTA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with left heart cath and grafts	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart cath and grafts	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart cath and grafts	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	NON-ST ELEVATION MYOCARDIAL INFARCTION	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	OLD MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	PRECORDIAL PAIN	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with left heart cath and grafts	Unknown	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	Unknown	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0

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Native coronary artery catheterization with left heart catheterization	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOLOGIST	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOLOGIST	Approved	6		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	6		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	31		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGY & INTERNAL MEDICINE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	31		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	INTERNAL MEDICINE	Approved	9		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	RADIOLOGY	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULTS FUNCTION STUDIES OTH ORGN & SYS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ACUTE CHRON SYSTOLIC HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	12		0		0
Native coronary artery catheterization with left heart catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	9		0		0
Native coronary artery catheterization with left heart catheterization	ANGINA PECTORIS UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/ANGINA PECTORIS DOC SPASM	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	10		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	8		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR SURGERY	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOLOGIST	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	5		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	4		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0

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Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	34		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	41		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	7	Services are not medically necessary	7		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	GENERAL PRACTICE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	7		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ATHEROSCLEROSIS OF AORTA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CARCINOMA IN SITU OF ANUS AND ANAL CANAL	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CARDIAC MURMUR UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CARDIOMYOPATHY IN DISEASES CLASSIFIED ELSEWHERE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CARDIOMYOPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	26		0		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	17		0		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	DILATED CARDIOMYOPATHY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	DILATED CARDIOMYOPATHY	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	18		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0

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Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	15		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HEART FAILURE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HEART TRANSPLANT STATUS	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	HEART TRANSPLANT STATUS	CARDIOVASCULAR SURGERY	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HEREDITARY DEFICIENCY OTHER CLOTTING FACTORS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HEREDITARY DEFICIENCY OTHER CLOTTING FACTORS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	11		0		0
Native coronary artery catheterization with left heart catheterization	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	7		0		0
Native coronary artery catheterization with left heart catheterization	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ISCHEMIC CARDIOMYOPATHY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR SURGERY	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	7		0		0
Native coronary artery catheterization with left heart catheterization	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC AORTIC VALVE STENOSIS	HOSPITAL	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC AORTIC VALVE STENOSIS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	INTERNAL MEDICINE	Approved	1		0		0

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Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC MITRAL VALVE PROLAPSE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC PULMONARY VALVE STENOSIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NON-ST ELEVATION MYOCARDIAL INFARCTION	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NON-ST ELEVATION MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NON-ST ELEVATION MYOCARDIAL INFARCTION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	OBESITY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OTH SPEC DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	CARDIOLOGIST	Approved	4		0		0
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	4		0		0
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Approved	5		0		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	12		0		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	OTHER NONRHEUMATIC MITRAL VALVE DISORDERS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	PERSISTENT ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	POSTINFARCTION ANGINA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	PRECORDIAL PAIN	CARDIOLOGIST	Approved	6		0		0
Native coronary artery catheterization with left heart catheterization	PRECORDIAL PAIN	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	7		0		0
Native coronary artery catheterization with left heart catheterization	PRESENCE OF PROSTHETIC HEART VALVE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	Pulmonary hypertension, unspecified	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	9		0		0
Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOVASCULAR	Approved	3		0		0

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Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	6		0		0
Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	SUPRAVENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	SYNCOPE AND COLLAPSE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	4		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	13		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	10		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	Unknown	CARDIOLOGIST	Approved	4		0		0
Native coronary artery catheterization with left heart catheterization	Unknown	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	Unknown	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	CARDIOLOGIST	Approved	10		0		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	Approved	5		0		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	INTERNAL MEDICINE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	VITAMIN D DEFICIENCY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	WHEEZING	CARDIOVASCULAR DISEASE	Approved	1		0		0

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Native coronary artery catheterization with left heart catheterization	WHEEZING	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	3		0		0
Native coronary artery catheterization with right and left heart cath	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	4		0		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath	ATHEROSCLER BP GRAFT COR ART TPLNT HRT UNSTBL AP	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ATRIAL SEPTAL DEFECT	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	CARDIOMYOPATHY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	DILATED CARDIOMYOPATHY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	DM D/T UNDERLYING COND W/OTH CIRCULATORY COMP	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with right and left heart cath	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	HEART TRANSPLANT STATUS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	HEART TRANSPLANT STATUS	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	HEART TRANSPLANT STATUS	RADIOLOGY	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	HYPOTHYROIDISM UNSPECIFIED	RADIOLOGY	Approved	2		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC AORTIC VALVE STENOSIS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	OTHER CHEST PAIN	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0

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Native coronary artery catheterization with right and left heart cath	Pulmonary hypertension, unspecified	PULMONARY DISEASES	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	RHEUMATIC MITRAL STENOSIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	RHEUMATIC MITRAL VALVE DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	RHEUMATIC TRICUSPID STENOSIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	Secondary pulmonary arterial hypertension	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	4		0		0
Native coronary artery catheterization with right and left heart cath	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	3		0		0
Native coronary artery catheterization with right and left heart cath	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	UNSTABLE ANGINA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with right and left heart cath	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath and grafts	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath and grafts	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right heart cath	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right heart cath	ENCOUNTER AFTERCARE FOLLOW OTH ORGAN TRANSPLANT	PEDIATRIC CARDIOLOGY	Approved	2		0		0
Native coronary artery catheterization with right heart cath	Pulmonary hypertension, unspecified	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right heart cath	Pulmonary hypertension, unspecified	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right heart cath	Pulmonary hypertension, unspecified	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
NATPARA 75 MCG DOSE CARTRIDGE	HYPOPARATHYROIDISM, UNSPECIFIED	Endocrinology And Metabolism	Approved	2		0		0
NATURE-THROID 32.5 MG TABLET	HYPOTHYROIDISM, UNSPECIFIED	Family Medicine	Approved	1		0		0
NAVIGATIONAL BRONCHOSCOPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
NAYZILAM 5 MG NASAL SPRAY	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
NEBULIZER WITH COMPRESSION	ACUTE BRONCHIOLITIS DUE TO OTHER SPECIFIED ORGANISMS	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	2		0		0
NEBULIZER WITH COMPRESSION	BRONCHIECTASIS, UNCOMPLICATED	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	COUGH	Ancillary	Approved	2		0		0
NEBULIZER WITH COMPRESSION	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	2		0		0
NEBULIZER WITH COMPRESSION	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	2		0		0

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NEBULIZER WITH COMPRESSION	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	2		0		0
NEBULIZER WITH COMPRESSION	MUCOPURULENT CHRONIC BRONCHITIS	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	3		0		0
NEBULIZER WITH COMPRESSION	OTHER ASTHMA	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	UNSPECIFIED ASTHMA, UNCOMPLICATED	Ancillary	Approved	2		0		0
NEBULIZER WITH COMPRESSION	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Ancillary	Approved	1		0		0
NEBULIZER WITH COMPRESSION	WHEEZING	Ancillary	Approved	3		0		0
NECK SPINE FUSE&REMOV BEL C2	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF UNSP LOW EXTRM	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	ARTHRODESIS STATUS	Ancillary	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	ARTHRODESIS STATUS	Facility	Approved	3		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	4		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER W RADICULOPATHY, MID-CERVICAL REGION	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Ancillary	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICALGIA	Facility	Approved	8		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICALGIA	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	CHEST PAIN, UNSPECIFIED	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	FUSION OF SPINE, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	LEFT UPPER QUADRANT PAIN	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	LOW BACK PAIN	Ancillary	Approved	1		0		0

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NECK SPINE FUSE&REMOV BEL C2	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	Surgery, Orthopedic	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Ancillary	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	7		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	OTHER DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, SEQUELA	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	9		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Other	Approved	3		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	7		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Other	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	3	Services are not medically necessary	3		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	Facility	Approved	21		0		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	Facility	Denied	3	Services are not medically necessary	3		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	Other	Approved	4		0		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL INSTABILITIES, CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	3		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	23		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Other	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	SPONDYLOLYSIS, CERVICAL REGION	Facility	Approved	1		0		0

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NECK SPINE FUSE&REMOV BEL C2	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	7		0		0
NECK SPINE FUSE&REMOV BEL C2	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	UNSPECIFIED NYSTAGMUS	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Ancillary	Approved	1		0		0
NECK SPINE FUSION	ARTHRODESIS STATUS	Facility	Approved	1		0		0
NECK SPINE FUSION	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	2		0		0
NECK SPINE FUSION	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	CERVICALGIA	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	CERVICALGIA	Other	Approved	1		0		0
NECK SPINE FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	Other	Approved	1		0		0
NECK SPINE FUSION	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	1		0		0
NECK SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Other	Approved	1		0		0
NECK SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Approved	1		0		0
NECK SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSION	OTHER SPECIFIED DISEASES OF SPINAL CORD	Other	Approved	1		0		0
NECK SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	General Practice	Approved	1		0		0
NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSION	OTHER SPONDYLOSIS, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSION	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	Other	Approved	2		0		0
NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	4	Services are not medically necessary	4		0
NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Other	Approved	2		0		0
NECK SPINE FUSION	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	2		0		0
NECK SPINE FUSION	SPONDYLOLISTHESIS, CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSION	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Facility	Approved	1		0		0
NECK SPINE FUSION	WEAKNESS	Facility	Approved	1		0		0
NECK/CHEST SURGERY PROCEDURE	BRACHIAL PLEXUS DISORDERS	Facility	Approved	1		0		0
NEEDLE BIOPSY CHEST LINING	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	Facility	Approved	1		0		0
NEEDLE BIOPSY CHEST LINING	OTHER DISORDERS OF LUNG	Facility	Approved	1		0		0
NEEDLE BIOPSY CHEST LINING	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Facility	Approved	1		0		0
NEEDLE BIOPSY CHEST LINING	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0

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NEEDLE BIOPSY CHEST LINING; BIOPSY, LUNG OR MEDIASTINUM; CT GUIDANCE FOR NEEDLE PLACEMENT; FNA W/I	R91.1 - Pulmonary nodule	Pulmonary	Approved	1		0		0
NEEDLE BIOPSY CHEST LINING; BIOPSY, LUNG OR MEDIASTINUM; CT GUIDANCE FOR NEEDLE PLACEMENT; FNA W/I	R91.1 - Solitary pulmonary nodule	Pulmonary	Approved	1		0		0
NEEDLE BIOPSY LYMPH NODES	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
NEEDLE BIOPSY LYMPH NODES	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Ancillary	Approved	2		0		0
NEEDLE BIOPSY OF LIVER	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Ancillary	Approved	2		0		0
NEEDLE BIOPSY OF LIVER	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Facility	Approved	2		0		0
NEEDLE BIOPSY OF LIVER	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	AUTOIMMUNE HEPATITIS	Ancillary	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Ancillary	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	CHRONIC VIRAL HEPATITIS C	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	DIARRHEA, UNSPECIFIED	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	FEVER, UNSPECIFIED	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	K75.4 - Autoimmune hepatitis	Gastroenterology	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	OTHER BENIGN NEUROENDOCRINE TUMORS	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	OTHER MALAISE	Facility	Approved	2		0		0
NEEDLE BIOPSY OF LIVER	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF CERVIX UTERI	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	POLYP OF CERVIX UTERI	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	1		0		0
NEEDLE BIOPSY OF LIVER; US LIVER BIOPSY	K74.60 - Unspecified cirrhosis of liver	Gastroenterology	Approved	1		0		0
NEEDLE BIOPSY OF LIVER; US LIVER BIOPSY	R94.5 - Abnormal results of liver function studies	Gastroenterology	Approved	1		0		0
NEEDLE LOCALIZATION BY XRAY	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Approved	1		0		0
NEEDLE LOCALIZATION BY XRAY	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
NEEDLE LOCALIZATION BY XRAY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
NEEDLE LOCALIZATION BY XRAY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Family Medicine	Approved	2		0		0
NEG PRESS WOUND THER DRSG SET	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Ancillary	Approved	2		0		0
NEG PRESS WOUND THERAPY PUMP	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	2		0		0
NEG PRESS WOUND THERAPY PUMP	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Ancillary	Approved	3		0		0
NEG PRESS WOUND THERAPY PUMP	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
NEG PRESS WOUND THERAPY PUMP	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	2		0		0
NEG PRESS WOUND THERAPY PUMP	FEVER, UNSPECIFIED	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	INFECT/INFLM REACT DUE TO OTH INT ORTH PROSTH DEV/GRFT, INIT	Ancillary	Approved	2		0		0
NEG PRESS WOUND THERAPY PUMP	LOCALIZED ADIPOSITY	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Ancillary	Approved	1		0		0

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NEG PRESS WOUND THERAPY PUMP	POSTPROC HEMATOMA OF SKIN, SUBCU FOLLOWING OTHER PROCEDURE	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Ancillary	Approved	2		0		0
NEG PRESS WOUND THERAPY PUMP	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	1		0		0
NEG PRESS WOUND THERAPY PUMP	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Ancillary	Approved	5		0		0
NEG PRESS WOUND TX <=50 CM	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Facility	Approved	1		0		0
NEG PRESS WOUND TX <=50 CM	SECONDARY AND UNSP MALIGNANT NEOPLASM OF LYMPH NODE, UNSP	Urology	Approved	1		0		0
NEG PRESS WOUND TX <=50 CM	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	1		0		0
NEORAL 25 MG GELATIN CAPSULE	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	2		0		0
NEOXFLO OR CLARIXFLO 1 MG	OTHER ENTHESOPATHY OF LEFT FOOT AND ANKLE	Podiatry	Denied	1	Services are not medically necessary	1		0
NERLYNX	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Neurology		0		0	Denied	1
NERLYNX 40 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
NERLYNX 40 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Denied	1	Services are not medically necessary	1		0
NERVE CONDUCTION STUDIES; 11-12 STUDIES	END STAGE RENAL DISEASE	Internal Medicine		0		0	Denied	1
NERVE GRAFT ADD-ON	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
NERVE GRAFT ARM/LEG <4 CM	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
NERVE GRAFT ARM/LEG >4 CM	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
NERVE GRAFT ARM/LEG >4 CM	LOCALIZED SWELLING, MASS AND LUMP, NECK	Surgery, Hand	Approved	1		0		0
NERVE PEDICLE TRANSFER	BENIGN NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Approved	2		0		0
NERVE PEDICLE TRANSFER	LESION OF ULNAR NERVE, LEFT UPPER LIMB	Facility	Approved	1		0		0
NERVE PEDICLE TRANSFER	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Facility	Approved	1		0		0
NERVE REPAIR W/ALLOGRAFT	DEVELOPMENTAL ODONTOGENIC CYSTS	Facility	Approved	1		0		0
NERVE REPAIR W/ALLOGRAFT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
NERVE REPAIR W/ALLOGRAFT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
NERVOUS SYSTEM SURGERY	CRANIOSYNOSTOSIS	Facility	Approved	1		0		0
NERVOUS SYSTEM SURGERY	CRANIOSYNOSTOSIS	Facility	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	DISORDER OF BRAIN, UNSPECIFIED	Other	Approved	1		0		0
NERVOUS SYSTEM SURGERY	DYSPHAGIA, ORAL PHASE	Facility	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
NERVOUS SYSTEM SURGERY	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	MONONEUROPATHY, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	OTHER DISORDERS OF MENINGES, NOT ELSEWHERE CLASSIFIED	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Facility	Approved	1		0		0
NERVOUS SYSTEM SURGERY	PAIN IN LEFT KNEE	Facility	Approved	1		0		0
NERVOUS SYSTEM SURGERY	PRIMARY FOCAL HYPERHIDROSIS PALMS	DERMATOLOGY	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Ancillary	Approved	1		0		0
NERVOUS SYSTEM SURGERY	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Dermatology	Denied	2	Services are not medically necessary	2		0
NERVOUS SYSTEM SURGERY	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
NERVOUS SYSTEM SURGERY	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Facility	Approved	1		0		0

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NERVOUS SYSTEM SURGERY	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
NERVOUS SYSTEM SURGERY	SACROCOCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	SACROCOCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	TRIGEMINAL NEURALGIA	Facility	Approved	1		0		0
N-ET; PER DIEM	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	2		0		0
NEULASTA 6 MG/0.6 ML SYRINGE	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Hematology	Approved	2		0		0
NEULASTA 6 MG/0.6 ML SYRINGE	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Oncology	Approved	1		0		0
NEUPOGEN 300 MCG/0.5 ML SYR	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
NEUPOGEN 300 MCG/0.5 ML SYR	NEUTROPENIA, UNSPECIFIED	Hematology	Denied	1	Services are not medically necessary	1		0
NEUPOGEN 300 MCG/0.5 ML SYR	UNSPECIFIED DONOR, STEM CELLS	Hematology	Approved	1		0		0
NEUPOGEN 300 MCG/ML VIAL	OTHER DRUG-INDUCED AGRANULOCYTOSIS	Pediatric Nephrology	Denied	1	Services are not medically necessary	1		0
NEUPOGEN 480 MCG/0.8 ML SYR	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Oncology	Approved	1		0		0
NEURAGEN NERVE GUIDE, PER CM	LACERATION OF MUSC/FASC/TEND AT WRH/HND LV, LEFT HAND, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
NEUROELTRD STIM POST TIBIAL	FREQUENCY OF MICTURITION	Female Pelvic Medicine And Reconstructive Surgery	Approved	2		0		0
NEUROELTRD STIM POST TIBIAL	FREQUENCY OF MICTURITION	Urology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	OVERACTIVE BLADDER	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	OVERACTIVE BLADDER	Urology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	STRESS INCONTINENCE (FEMALE) (MALE)	Urology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	URGE INCONTINENCE	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	URGE INCONTINENCE	Radiation Oncology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	URGE INCONTINENCE	Urology	Approved	2		0		0
NEUROELTRD STIM POST TIBIAL	URGE INCONTINENCE	Urology	Denied	1	Services are not medically necessary	1		0
NEUROELTRD STIM POST TIBIAL	URGENCY OF URINATION	Obstetrics/Gynecology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	URGENCY OF URINATION	Urology	Approved	3		0		0
NEUROENDOSCOPY ADD-ON	HYDROCEPHALUS, UNSPECIFIED	Facility	Approved	1		0		0
NEUROLOGICAL PROCEDURE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
NEUROMUSCULAR JUNCTION TEST	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
NEUROMUSCULAR JUNCTION TEST	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
NEUROMUSCULAR JUNCTION TEST	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
NEUROMUSCULAR JUNCTION TEST	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
NEUROMUSCULAR JUNCTION TEST	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	1		0		0
NEUROMUSCULAR JUNCTION TEST	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	1		0		0
NEUROMUSCULAR REEDUCATION	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	Approved	1		0		0
NEUROMUSCULAR REEDUCATION	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
NEUROMUSCULAR REEDUCATION	HYPERMOBILITY SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
NEUROMUSCULAR REEDUCATION	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
NEUROMUSCULAR REEDUCATION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
NEUROMUSCULAR REEDUCATION	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0

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NEUROMUSCULAR REEDUCATION	PAIN IN LEFT WRIST	Multi-Specialty Group	Approved	1		0		0
NEUROMUSCULAR REEDUCATION	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
NEUROMUSCULAR REEDUCATION	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
NEUROMUSCULAR REEDUCATION	UNSP BEHAV/EMOTN DISORD W ONST USLY OCCUR IN CHLDHD AND ADOL	Occupational Therapy	Denied	2	Services are not medically necessary	2		0
NEUROMUSCULAR STIM FOR SHOCK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
NEURONTIN 800 MG TABLET	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Neurology	Approved	1		0		0
NEUROPSYCHOLOGICAL TESTING EVALUATION, FIRST HOUR; NEUROPSYCHOLOGICAL TESTING EVALUATION, EA ADDL	G20 - Parkinson's disease; R41.3 - Other amnesia	Neurology	Approved	1		0		0
NEUROPSYCHOLOGICAL TESTING EVALUATION, FIRST HOUR; NEUROPSYCHOLOGICAL TESTING EVALUATION, EA ADDL	R41.3 - Other amnesia	Neurology	Approved	1		0		0
NEUROPSYCHOLOGICAL TESTING EVALUATION, FIRST HOUR; NEUROPSYCHOLOGICAL TESTING EVALUATION, EA ADDL	R41.89 - Cognitive changes	Neurology	Approved	1		0		0
NEUROVASCULAR PEDICLE FLAP	BENIGN NEOPLASM OF PITUITARY GLAND	Other	Approved	1		0		0
NEUROVASCULAR PEDICLE FLAP	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
NEUROVASCULAR PEDICLE FLAP	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Other	Approved	1		0		0
NEVIRAPINE 200 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
NEW EYE EXAM & TREATMENT	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Ancillary	Approved	1		0		0
NEXAVAR 200 MG TABLET		Internal Medicine	Approved	1		0		0
NEXAVAR 200 MG TABLET		Oncology	Approved	1		0		0
NEXAVAR 200 MG TABLET		Pediatric	Approved	1		0		0
NEXAVAR 200 MG TABLET	BENIGN NEOPLASM OF OTHER SPECIFIED SITES	Hematology/Oncology	Approved	1		0		0
NEXAVAR 200 MG TABLET	LIVER CELL CARCINOMA	Hematology	Approved	2		0		0
NEXAVAR 200 MG TABLET	LIVER CELL CARCINOMA	Oncology	Approved	1		0		0
NEXAVAR 200 MG TABLET	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	Oncology	Approved	1		0		0
NEXIUM DR 40 MG CAPSULE	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Family Medicine	Approved	1		0		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	1		0		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Pediatrics	Denied	2	Services are not medically necessary	2		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Neurology	Approved	1		0		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG CAPSULE	UNSPECIFIED ABDOMINAL PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG CAPSULE	VOMITING OF PREGNANCY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG PACKET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	2		0		0
NIACIN 500 MG CAPSULE SA	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NIACIN TR 500 MG CAPLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
NICOTINE 14 MG/24HR PATCH	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Approved	1		0		0

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NICOTINE 21 MG/24HR PATCH	TOBACCO USE	Family Medicine	Denied	1	Services are not medically necessary	1		0
NICOTROL CARTRIDGE INHALER	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Surgery, General	Approved	1		0		0
NINLARO 3 MG CAPSULE	MULTIPLE MYELOMA IN RELAPSE	Hematology	Approved	1		0		0
NINLARO 3 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	2		0		0
NINLARO 4 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
NINLARO 4 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
NIPPLE EXPLORATION	DIFFUSE CYSTIC MASTOPATHY OF LEFT BREAST	Ancillary	Approved	1		0		0
NITROFURANTOIN 25 MG/5 ML SUSP		Pediatrics	Approved	1		0		0
NITROFURANTOIN 25 MG/5 ML SUSP	ACUTE CYSTITIS WITHOUT HEMATURIA	Pediatrics	Denied	1	Services are not medically necessary	1		0
NITROFURANTOIN 25 MG/5 ML SUSP	CHRONIC KIDNEY DISEASE, STAGE 1	Pediatric Nephrology	Denied	1	Services are not medically necessary	1		0
NITROFURANTOIN 25 MG/5 ML SUSP	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Family Nurse Practitioner	Approved	1		0		0
NITROFURANTOIN 25 MG/5 ML SUSP	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Pediatric Infectious Disease	Approved	1		0		0
NITROFURANTOIN 25 MG/5 ML SUSP	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Pediatrics	Approved	1		0		0
NITROFURANTOIN 25 MG/5 ML SUSP	VESICoureTERAL-REFLUX, UNSPECIFIED	Pediatric Urology	Denied	1	Services are not medically necessary	1		0
NIZATIDINE 150 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Emergency Medicine	Denied	2	Services are not medically necessary	2		0
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	4		0		0
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Approved	2		0		0
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Approved	7		0		0
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	2		0		0
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
NJX CNTRST KNE ARTHG/CT/MRI	CHEST PAIN, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
NJX CNTRST KNE ARTHG/CT/MRI	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Pain Management	Approved	1		0		0
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	General Practice	Approved	1		0		0
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pain Management	Approved	6		0		0
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Pain Management	Approved	4		0		0
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	2		0		0
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED HIP	Pain Management	Approved	1		0		0
NJX INTERLAMINAR CRV/THRC	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	HOSPITAL	Approved	1		0		0
NJX INTERLAMINAR CRV/THRC	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	HOSPITAL	Approved	1		0		0
NJX INTERLAMINAR CRV/THRC	LOW BACK PAIN	Ancillary	Denied	2	Services are not medically necessary	2		0
NJX INTERLAMINAR LMBR/SAC	ABSCCESS OF CORPUS CAVERNOSUM AND PENIS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Ancillary	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	FOOT DROP, LEFT FOOT	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	4		0		0

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NJX INTERLAMINAR LMBR/SAC	LOW BACK PAIN	Ancillary	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	LUMBAGO WITH SCIATICA, RIGHT SIDE	Ancillary	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	10		0		0
NJX INTERLAMINAR LMBR/SAC	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	4		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER CHRONIC PAIN	Ancillary	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	8		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	AMBULATORY SURGERY CENTER	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER MUSCLE SPASM	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	OTHER SPONDYLOPATHIES	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	PAIN IN THORACIC SPINE	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	PAIN IN THORACIC SPINE	Facility	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	PAIN IN THORACIC SPINE	Facility	Denied	1	Services are not medically necessary	1		0
NJX INTERLAMINAR LMBR/SAC	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	AMBULATORY SURGERY CENTER	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	30		0		0
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	Approved	6		0		0
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	2		0		0
NJX INTERLAMINAR LMBR/SAC	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
NJX INTERLAMINAR LMBR/SAC	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	TORTICOLLIS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	1		0		0
NJX INTERLAMINAR LMBR/SAC	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0

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NJX NONCMPND SCLRSNT 1 VEIN	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Radiology	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	CHRONIC MAXILLARY SINUSITIS	Radiology, Diagnostic	Approved	4		0		0
NJX NONCMPND SCLRSNT 1 VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Internal Medicine	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	EFFUSION, RIGHT KNEE	Surgery, General	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Dermatology	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	HYPERTENSIVE ENCEPHALOPATHY	Radiology, Diagnostic	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	NEVUS, NON-NEOPLASTIC	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	NON-PRS CHRONIC ULC UNSP PRT OF UNSP LOW LEG W UNSP SEVERITY	Surgery, Vascular	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Cardiovascular Disease	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN LEFT LOWER LEG	Ancillary	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN LEFT LOWER LEG	Surgery, Plastic	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN LEG, UNSPECIFIED	Surgery, General	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN LEG, UNSPECIFIED	Surgery, General	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN RIGHT LOWER LEG	Ancillary	Approved	4		0		0
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN RIGHT LOWER LEG	Family Medicine	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN RIGHT LOWER LEG	Surgery, Plastic	Approved	5		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	Surgery, Vascular	Denied	2	Services are not medically necessary	2		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Approved	13		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Nephrology	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Physician Assistant	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology	Approved	4		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	11		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	4		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	3		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	6		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Denied	2	Services are not medically necessary	2		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiovascular Disease	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	3		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, General	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Approved	2		0		0

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NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Vascular & Interventional Radiology	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Cardiovascular Disease	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Cardiovascular	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Ancillary	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Approved	3		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	4		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Approved	4		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Emergency Medicine	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Internal Medicine	Approved	2		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology	Approved	3		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Approved	23		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	15		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	5		0		0
NJX NONCMPND SCLRSNT MLT VN	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Radiology	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	CERVICALGIA	Surgery, General	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Radiology, Diagnostic	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Internal Medicine	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Vascular & Interventional Radiology	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Dermatology	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Vascular & Interventional Radiology	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Vascular & Interventional Radiology	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	NEVUS, NON-NEOPLASTIC	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT MLT VN	VARICOS VN OF R LOW EXTREM W ULC OF ANKLE AND INFLAMMATION	Radiology, Diagnostic	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Approved	7		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology	Approved	14		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	17		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	3		0		0

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NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	12		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Denied	2	Services are not medically necessary	2		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Cardiovascular Disease	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Pain Management	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Vascular & Interventional Radiology	Approved	5		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Dermatology	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Cardiovascular	Approved	12		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Approved	3		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Pain Management	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Approved	5		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Cardiovascular	Approved	4		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Cardiovascular	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	3		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Orthopedic	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Thoracic	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	3		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Approved	27		0		0
NJX PLATELET PLASMA	HALLUX RIGIDUS, LEFT FOOT	Ancillary	Denied	1	Services are not medically necessary	1		0
NJX PLATELET PLASMA	LOOSE BODY IN LEFT ELBOW	Facility	Denied	1	Services are not medically necessary	1		0
NJX PLATELET PLASMA	MEDIAL EPICONDYLITIS, LEFT ELBOW	Sports Medicine	Denied	1	Services are not medically necessary	1		0
NJX PLATELET PLASMA	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	Facility	Denied	1	Services are not medically necessary	1		0
NJX PLATELET PLASMA	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
NJX PLATELET PLASMA	STRESS INCONTINENCE (FEMALE) (MALE)	Obstetrics (No GYN)	Denied	1	Services are not medically necessary	1		0
NJX PX DISCOGRAPHY CRV/THRC	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
NJX PX DISCOGRAPHY LUMBAR	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
NJX PX DISCOGRAPHY LUMBAR	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Facility	Approved	1		0		0
NJX PX DISCOGRAPHY LUMBAR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
NJX PX DISCOGRAPHY LUMBAR	LOW BACK PAIN	Facility	Approved	2		0		0
NJX PX DISCOGRAPHY LUMBAR	LOW BACK PAIN	Facility	Denied	2	Services are not medically necessary	2		0
NJX PX DISCOGRAPHY LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	4	Services are not medically necessary	4		0
NJX PX DISCOGRAPHY LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
NJX PX DISCOGRAPHY LUMBAR	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
NJX PX DISCOGRAPHY LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0

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NJX PX DISCOGRAPHY LUMBAR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
NJX PX DISCOGRAPHY LUMBAR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
NJX PX DISCOGRAPHY LUMBAR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT 1 INCMPTNT VEIN	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	Family Medicine	Approved	1		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Nephrology	Approved	3		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	4		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Ancillary	Approved	2		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Anesthesia, Certified RN	Approved	2		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Approved	2		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Cardiovascular Disease	Approved	1		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Radiology, Diagnostic	Approved	1		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Surgery, Thoracic	Approved	1		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	2		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	2		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Denied	2	Services are not medically necessary	2		0
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF R LOW EXTREM	Radiology, Diagnostic	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	Family Medicine	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	CELLULITIS OF FACE	Surgery, General	Approved	6		0		0
NJX SCLRSNT MLT INCMPTNT VN	CERVICALGIA	Surgery, General	Approved	4		0		0
NJX SCLRSNT MLT INCMPTNT VN	CHRONIC FRONTAL SINUSITIS	Surgery, Thoracic	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	Cardiovascular Disease	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Radiology	Approved	4		0		0
NJX SCLRSNT MLT INCMPTNT VN	CRAMP AND SPASM	Family Medicine	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	CUTANEOUS ABSCESS OF RIGHT LOWER LIMB	Family Medicine	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	ERYTHEMA INTERTRIGO	Surgery, General	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	LOCALIZED EDEMA	Cardiovascular Disease	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	LOCALIZED EDEMA	Family Medicine	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Surgery, General	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, General	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Surgery, Vascular	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	OTHER ABNORMAL GLUCOSE	Cardiovascular Disease	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	OTHER SPECIFIED SOFT TISSUE DISORDERS	Family Medicine	Approved	1		0		0

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NJX SCLRSNT MLT INCMPTNT VN	PAIN IN RIGHT LEG	Family Medicine	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	PAIN IN RIGHT LEG	Surgery, Vascular	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	PELVIC VARICES	Surgery, Cardiovascular	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	SLEEP APNEA, UNSPECIFIED	Surgery, Vascular	Denied	2	Services are not medically necessary	2		0
NJX SCLRSNT MLT INCMPTNT VN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Approved	6		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Nephrology	Approved	8		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	11		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	21		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	12		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	10		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Ancillary	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Anesthesia, Certified RN	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiology, Interventional	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiovascular Disease	Approved	3		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Dermatology	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	8		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	General Practice	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	26		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, General	Approved	5		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Approved	37		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Denied	4	Services are not medically necessary	4		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	5		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0

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NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Vascular & Interventional Radiology	Approved	3		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Family Medicine	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Cardiovascular Disease	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Family Nurse Practitioner	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Vascular & Interventional Radiology	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Dermatology	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	27		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W ULCER OF UNSP SITE	Surgery, General	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Dermatology	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Family Medicine	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Radiology	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	13		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	8		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	16		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Family Medicine	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	25		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Emergency Medicine	Approved	4		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	45		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Denied	2	Services are not medically necessary	2		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Nephrology	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Nephrology	Denied	1	Services are not medically necessary	1		0

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NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology	Approved	12		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Cardiovascular	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Cardiovascular	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	19		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Thoracic	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	62		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	14	Services are not medically necessary	14		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Approved	5		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT SPIDER VEINS	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
NM 131I RADIONUCLIDE THERAPY	E05.00 - Toxic diffuse goiter	Endocrinology	Approved	1		0		0
NM BONE TOTAL BODY	C61 - Prostate cancer (HCC)	Urology	Approved	1		0		0
NM BONE TOTAL BODY	G89.22 - Chronic post-thoracotomy pain; G89.29 - Other chronic pain; M62.830 - Spasm of thoracic back muscle; R93.7 - Abnormal MRI, thoracic spine	Pain Management	Approved	1		0		0
NM BONE TOTAL BODY	M54.9 - Spine pain; R93.89 - Abnormal radiograph	Physical Medicine and Rehab	Approved	1		0		0
NM BONE TOTAL BODY	M62.830 - Lumbar paraspinal muscle spasm; R93.7 - Musculoskeletal system imaging abnormality	Internal Medicine - Sports Medicine	Approved	1		0		0
NM BONE TOTAL BODY	R07.81 - Rib pain on left side	Orthopedics	Approved	1		0		0
NM BONE, 3PHASE	G97.82 - Postoperative surgical complication involving nervous system associated with non-nervous system procedure, unspecified complication; M79.622 - Left upper arm pain; R20.8 - Allodynia; R20.8 - Hyperpathia; R29.898 - Weakness of left upper extrem	Pain Management	Approved	1		0		0
NM BONE, LIMITED	M86.462 - Chronic osteomyelitis with draining sinus, left tibia and fibula	Orthopedic Surgery- Sports Medicine	Approved	1		0		0
NM BRAIN SPECT WITH CERETEC	G21.8 - Other secondary parkinsonism (HCC); G95.9 - Disease of spinal cord (HCC); R25.2 - Spasticity; R25.8 - Bradykinesia	Psychiatry & Neurology- Neurology	Approved	1		0		0
NM HEPATOBIILIARY W/ EF	R10.13 - Epigastric pain	General Surgery	Approved	1		0		0
NM KIDNEY WITH GFR	C18.2 - Malignant neoplasm of ascending colon (HCC); C7A.8 - Neuroendocrine cancer (HCC); C7B.02 - Secondary carcinoid tumor of liver (HCC)	Hematology/Oncology	Approved	1		0		0
NM KIDNEY WITH LASIX	N13.5 - UPJ (ureteropelvic junction) obstruction	Urology	Approved	1		0		0
NM MPI W/ EF, PHARMACOLOGIC	E11.69, E78.2 - Combined hyperlipidemia associated with type 2 diabetes mellitus (HCC); R94.31 - Abnormal EKG	Internal Medicine	Approved	1		0		0
NM MPI W/ EF, PHARMACOLOGIC	E66.9 - Obesity (BMI 30-39.9); I10 - Essential hypertension; R06.02 - SOB (shortness of breath) on exertion; R07.89 - Chest tightness or pressure	Family Medicine	Approved	1		0		0
NM MPI W/ EF, PHARMACOLOGIC	I10 - HTN (hypertension); N17.9 - AKI (acute kidney injury) (HCC); N18.4 - Chronic kidney disease, stage 4 (severe) (HCC)	Nephrology	Approved	1		0		0
NM MPI W/ EF, PHARMACOLOGIC	R06.02 - SOB (shortness of breath)	Pulmonary	Approved	1		0		0
NM MPI W/ EF, TREADMILL	F98.8 - Attention deficit disorder, unspecified hyperactivity presence; R94.31 - Abnormal EKG	Internal Medicine	Approved	1		0		0
NM MPI W/ EF, TREADMILL	I25.10 - Coronary artery disease involving native coronary artery of native heart without angina pectoris	Internal Medicine	Approved	1		0		0
NM MPI W/ EF, TREADMILL	R00.2 - Palpitation; R94.31 - Abnormal ECG	Family Medicine	Approved	1		0		0
NM MPI W/ EF, TREADMILL	R06.09 - Dyspnea on exertion; R07.9 - Chest pain, unspecified type	Family Medicine	Denied	1	Services are not medically necessary	1		0
NM MPI W/ EF, TREADMILL	R07.89 - Chest discomfort	Family Medicine	Approved	1		0		0

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NM MPI W/ EF, TREADMILL	R07.9 - Chest pain, unspecified type	Family Medicine	Approved	1		0		0
NM MPI W/ EF, TREADMILL	R94.31 - Abnormal ECG	Family Medicine	Approved	1		0		0
NM MPI W/ EF, TREADMILL	R94.39 - Abnormal stress ECG with treadmill	Family Medicine	Approved	1		0		0
NM PARATHYROID SCAN	D35.1 - Parathyroid adenoma	Endocrinology	Approved	1		0		0
NM PARATHYROID SCAN	E21.0 - Primary hyperparathyroidism (HCC)	Endocrinology	Approved	2		0		0
NM THYROID UPTAKE 24HR W/ SCAN	D34 - Thyroid adenoma	Internal Medicine	Approved	1		0		0
NM THYROID UPTAKE 24HR W/ SCAN	E05.90 - Hyperthyroidism	Endocrinology	Approved	1		0		0
Non Cancer Radiation Therapy	HYPERTROPHIC SCAR	Radiation Therapy		0		0	Denied	1
NON-CORROSIVE FINISH	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
Non-Hodgkins Lymphoma	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Non-Hodgkins Lymphoma	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Noninvasive estimated coronary fractional flow reserve (FFR) from CT angiography data	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
NON-OSSEOINTEGRATED SND PROC	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
NON-OSSEOINTEGRATED SND PROC	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	NONDISPLACED OBLIQUE FRACTURE OF SHAFT OF RIGHT TIBIA, INIT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF LEFT FIBULA, INIT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	OTH FX UPR & LOW END L FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	PAIN IN RIGHT FOOT	Ancillary	Approved	2		0		0
NON-PNEUM WALK BOOT PRE CST	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	TORUS FRACTURE OF UPPER END OF LEFT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE CST	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	ACHILLES TENDINITIS, RIGHT LEG	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	DISPLACED UNSP FRACTURE OF RIGHT LESSER TOE(S), INIT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	FRACTURE OF UNSP METATARSAL BONE(S), LEFT FOOT, INIT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THD	Ancillary	Approved	2		0		0
NON-PNEUM WALK BOOT PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	Ancillary	Approved	2		0		0
NON-PNEUM WALK BOOT PRE OTS	OTHER FRACTURE OF RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	PAIN IN LEFT FOOT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0

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NON-PNEUM WALK BOOT PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNT	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
NON-PNEUM WALK BOOT PRE OTS	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
NON-PNEUM WALK BOOT PRE OTS	UNSPECIFIED INJURY OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
Non-Small Cell Lung Cancer	Malignant carcinoma tumor of the bronchus and lung	ONCOLOGY	Approved	1		0		0
Non-Small Cell Lung Cancer	Malignant neoplasm of lower lobe, left bronchus or lung	Other	Approved	1		0		0
Non-Small Cell Lung Cancer	Malignant neoplasm of upper lobe, left bronchus or lung	RADIATION ONCOLOGY	Approved	2		0		0
Non-Small Cell Lung Cancer	Malignant neoplasm of upper lobe, right bronchus or lung	Other	Approved	1		0		0
Non-Small Cell Lung Cancer	Malignant neoplasm of upper lobe, right bronchus or lung	RADIATION ONCOLOGY	Approved	1		0		0
Non-Small Cell Lung Cancer	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	Radiation Therapy		0		0	Approved	1
NON-STERILE GLOVES	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
NOONAN SPECTRUM DISORDERS	NONRHEUMATIC PULMONARY VALVE STENOSIS	Ancillary	Approved	1		0		0
NORCO	OTHER CHRONIC PAIN	Physician		0		0	Approved	1
NORCO 10-325 TABLET	CERVICALGIA	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	CHRONIC PAIN SYNDROME	Internal Medicine	Approved	1		0		0
NORCO 10-325 TABLET	CHRONIC PAIN SYNDROME	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NORCO 10-325 TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	7		0		0
NORCO 10-325 TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	2		0		0
NORCO 10-325 TABLET	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	Physical Medicine	Approved	1		0		0
NORCO 10-325 TABLET	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Surgery, Orthopedic	Approved	1		0		0
NORCO 10-325 TABLET	ENDOMETRIOSIS OF PELVIC PERITONEUM	Pain Management	Approved	1		0		0
NORCO 10-325 TABLET	INTERCOSTAL NEUROPATHY	Pain Management	Approved	1		0		0
NORCO 10-325 TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
NORCO 10-325 TABLET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	OTHER CHRONIC PAIN	Anesthesiology	Approved	2		0		0
NORCO 10-325 TABLET	OTHER CHRONIC PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
NORCO 10-325 TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Pain Management	Approved	1		0		0
NORCO 10-325 TABLET	PAIN IN RIGHT SHOULDER	Physician Assistant	Denied	1	Services are not medically necessary	1		0
NORCO 10-325 TABLET	PARESTHESIA OF SKIN	Neurology	Approved	1		0		0
NORCO 10-325 TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Physical Medicine	Approved	1		0		0
NORCO 10-325 TABLET	RADICULOPATHY, CERVICAL REGION	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	RADICULOPATHY, LUMBAR REGION	General Practice	Approved	1		0		0
NORCO 10-325 TABLET	RADICULOPATHY, LUMBAR REGION	Neurology	Approved	1		0		0
NORCO 10-325 TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	UNSP FRACTURE OF UNSP THORACIC VERTEBRA, INIT FOR CLOS FX	Family Medicine	Approved	1		0		0
NORCO 5-325 TABLET		Pulmonary Disease	Approved	1		0		0

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NORCO 5-325 TABLET	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	Obstetrics/Gynecology	Approved	1		0		0
NORCO 5-325 TABLET	CERVICALGIA	Family Medicine	Approved	1		0		0
NORCO 5-325 TABLET	HEADACHE	Internal Medicine	Approved	1		0		0
NORCO 5-325 TABLET	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
NORCO 5-325 TABLET	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
NORCO 5-325 TABLET	OTHER ACUTE POSTPROCEDURAL PAIN	Obstetrics/Gynecology	Approved	1		0		0
NORCO 5-325 TABLET	OTHER HEADACHE SYNDROME	Family Medicine	Approved	1		0		0
NORCO 5-325 TABLET	SINGLE LIVE BIRTH	Obstetrics/Gynecology	Approved	1		0		0
NORCO 5-325 TABLET	SPONDYLS W/O MYELPATH OR RADICULOPATHY, SACR/SACROCYGL RGN	Physical Medicine	Approved	1		0		0
NORCO 7.5-325 TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
NORCO 7.5-325 TABLET	LOW BACK PAIN	Family Medicine	Approved	2		0		0
NORCO 7.5-325 TABLET	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
NORCO 7.5-325 TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Nurse Practitioner	Approved	1		0		0
NORCO 7.5-325 TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Anesthesiology	Approved	1		0		0
NORDITROPIN FLEXPRO 10 MG/1.5	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 10 MG/1.5	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	2		0		0
NORDITROPIN FLEXPRO 10 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Approved	2		0		0
NORDITROPIN FLEXPRO 10 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
NORDITROPIN FLEXPRO 10 MG/1.5	HYPOPITUITARISM	Physician	Denied	1	Services are not medically necessary	1		0
NORDITROPIN FLEXPRO 10 MG/1.5	IRRADIATION CYSTITIS WITHOUT HEMATURIA	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 10 MG/1.5	NEWBORN SMALL FOR GESTATIONAL AGE, UNSPECIFIED WEIGHT	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 10 MG/1.5	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 15 MG/1.5		Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NORDITROPIN FLEXPRO 15 MG/1.5		Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
NORDITROPIN FLEXPRO 15 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Approved	3		0		0
NORDITROPIN FLEXPRO 15 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
NORDITROPIN FLEXPRO 15 MG/1.5	NEWBORN SMALL FOR GESTATIONAL AGE, UNSPECIFIED WEIGHT	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 15 MG/1.5	TURNER'S SYNDROME, UNSPECIFIED	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 30 MG/3 ML	HYPOPITUITARISM	Pediatric Endocrinology	Approved	2		0		0
NORDITROPIN FLEXPRO 30 MG/3 ML	HYPOPITUITARISM	Pediatrics	Approved	1		0		0
NORDITROPIN FLEXPRO 30 MG/3 ML	OTHER DISORDERS OF PITUITARY GLAND	Endocrinology And Metabolism	Approved	1		0		0
NORDITROPIN FLEXPRO 5 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Approved	1		0		0
NORITATE 1% CREAM	OTHER ROSACEA	Dermatology	Denied	1	Services are not medically necessary	1		0
NORITATE 1% CREAM	ROSACEA, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
NORITATE 1% CREAM	ROSACEA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
NORITATE 1% CREAM	ROSACEA, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
NORMAL SALINE FLUSH SYRINGE	FLUSHING	Physician Assistant	Approved	1		0		0
NORMAL SALINE SOLUTION INFUS	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Family Medicine	Approved	1		0		0
NORMAL SALINE SOLUTION INFUS	CHRONIC KIDNEY DISEASE, STAGE 1	Family Medicine	Approved	1		0		0
NORMAL SALINE SOLUTION INFUS	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	1		0		0
NORMAL SALINE SOLUTION INFUS	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Family Medicine	Approved	1		0		0
NORTHERA 100 MG CAPSULE	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Neurology	Approved	1		0		0
NORVIR 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	3		0		0
NORVIR 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Denied	9	Services are not medically necessary	9		0

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NORVIR 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Denied	3	Services are not medically necessary	3		0
NOVAREL 5,000 UNIT VIAL	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
NOVOFINE 32G NEEDLES	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
NOVOFINE AUTOCOVERT 30G NEEDLE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Approved	1		0		0
NOVOLIN 70-30 100 UNIT/ML VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
NOVOLIN 70-30 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLIN 70-30 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLIN 70-30 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLIN 70-30 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Nephrology	Denied	1	Services are not medically necessary	1		0
NOVOLIN N 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLIN N 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML CARTRIDGE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML CARTRIDGE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	2		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Approved	2		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Physician	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	5	Services are not medically necessary	5		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	4	Services are not medically necessary	4		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0

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NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	3	Services are not medically necessary	3		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
NOVOLOG 100 UNIT/ML VIAL	DIABETES WITH STABLE PROLIF DIABETIC RETINOPATHY, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	HYPOTHYROIDISM, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	8		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	5	Services are not medically necessary	5		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	3	Services are not medically necessary	3		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	3		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Approved	2		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
NOVOLOG 100 UNITS/ML FLEXPEN	LONG TERM (CURRENT) USE OF INSULIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNITS/ML FLEXPEN	TYPE 2 DIAB W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA (NKHHC)	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNITS/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNITS/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG MIX 70-30 FLEXPEN SYRN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
NOVOLOG MIX 70-30 FLEXPEN SYRN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
NOVOLOG MIX 70-30 FLEXPEN SYRN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG MIX 70-30 FLEXPEN SYRN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG MIX 70-30 FLEXPEN SYRN	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG MIX 70-30 VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Adult Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
NOXAFIL 40 MG/ML SUSPENSION	UNSPECIFIED MYCOSIS	Infectious Disease	Approved	1		0		0
NOXAFIL DR 100 MG TABLET	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
NOXAFIL DR 100 MG TABLET	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Physician Assistant	Approved	1		0		0
NOXAFIL DR 100 MG TABLET	ASPERGILLOSIS, UNSPECIFIED	Hematology	Approved	1		0		0
NOXAFIL DR 100 MG TABLET	ASPERGILLOSIS, UNSPECIFIED	Oncology	Approved	3		0		0
NOXAFIL DR 100 MG TABLET	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Hematology	Approved	1		0		0

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NOXAFIL DR 100 MG TABLET	IMMUNODEFICIENCY, UNSPECIFIED	Hematology	Approved	1		0		0
NOXAFIL DR 100 MG TABLET	LUNG TRANSPLANT REJECTION	Critical Care Medicine	Approved	1		0		0
NPLATE 250 MCG VIAL	IMMUNE THROMBOCYTOPENIC PURPURA	Hematology	Approved	1		0		0
NRAS GENE VARIANTS EXON 2&3	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NRAS GENE VARIANTS EXON 2&3	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
NRAS GENE VARIANTS EXON 2&3	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
NRPSYC TST EVAL PHYS/QHP 1ST	OTHER AMNESIA	Clinical Neurophysiology	Approved	1		0		0
NRPSYC TST EVAL PHYS/QHP 1ST	OTHER AMNESIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
NRPSYC TST EVAL PHYS/QHP EA	OTHER AMNESIA	Clinical Neurophysiology	Approved	1		0		0
NRPSYC TST EVAL PHYS/QHP EA	OTHER AMNESIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
NRV CNDJ TEST 13/> STUDIES	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
NRV CNDJ TEST 13/> STUDIES	RADICULOPATHY, LUMBOSACRAL REGION	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
NRV CNDJ TEST 13/> STUDIES	SCIATICA, LEFT SIDE	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
NRV CNDJ TEST 7-8 STUDIES	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Physical Medicine	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
NRV CNDJ TEST 9-10 STUDIES	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	3		0		0
NRV CNDJ TEST 9-10 STUDIES	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
NRV CNDJ TEST 9-10 STUDIES	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
NRV CNDJ TEST 9-10 STUDIES	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
NRV CNDJ TST 3-4 STUDIES	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
NRV CNDJ TST 3-4 STUDIES	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
NRV RPR W/NRV ALGRFT 1ST	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
NRV RPR W/NRV ALGRFT 1ST	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
NRV RPR W/NRV ALGRFT 1ST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
NRV RPR W/NRV ALGRFT EA ADDL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC FRNT TISS RMVL	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC FRNT TISS RMVL	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0

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NSL/SINS NDSC SPHN TISS RMVL	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	ALLERGIC RHINITIS DUE TO POLLEN	Facility	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	5		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC FRONTAL SINUSITIS	Facility	Approved	3		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	5		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC MAXILLARY SINUSITIS	Family Medicine	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC PANSINUSITIS	Ancillary	Approved	8		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC PANSINUSITIS	Facility	Approved	6		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	3		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	6		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC SPHENOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	DEVIATED NASAL SEPTUM	Facility	Approved	5		0		0
NSL/SINS NDSC SPHN TISS RMVL	HYPERTROPHY OF NASAL TURBINATES	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	HYPERTROPHY OF NASAL TURBINATES	Facility	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	NASAL POLYP, UNSPECIFIED	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	Facility	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESPIRATORY SYSTEM	Facility	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	OTHER CHRONIC SINUSITIS	Ancillary	Approved	3		0		0
NSL/SINS NDSC SPHN TISS RMVL	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	ACUTE FRONTAL SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	ACUTE RECURRENT PANSINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC FRONTAL SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	4		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	3	Services are not medically necessary	3		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Family Medicine	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	8		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	5	Services are not medically necessary	5		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC PANSINUSITIS	Ancillary	Denied	3	Services are not medically necessary	3		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	6		0		0

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NSL/SINS NDSC SURG FRNT SINS	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	5		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC TONSILLITIS AND ADENOIDITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	CONTACT WITH OTHER SHARP OBJECT(S), NEC, INITIAL ENCOUNTER	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	HEADACHE	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	NASAL POLYP, UNSPECIFIED	Ancillary	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	OTHER ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	OTHER CHRONIC PAIN	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	OTHER CHRONIC SINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	3		0		0
NSL/SINS NDSC SURG FRNT SINS	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	5	Services are not medically necessary	5		0
NSL/SINS NDSC SURG FRNT SINS	OTHER VOICE AND RESONANCE DISORDERS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	SINUS BAROTRAUMA, INITIAL ENCOUNTER	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	WEAKNESS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC ETHMOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Allergy/Immunology	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Family Medicine	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	14		0		0

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NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	4	Services are not medically necessary	4		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Surgery, Head And Neck	Approved	2		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	Surgery, Head And Neck	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	47		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	4	Services are not medically necessary	4		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC PANSINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC PANSINUSITIS	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	20		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	7	Services are not medically necessary	7		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC PANSINUSITIS	Surgery, Plastic	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	Allergy/Immunology	Approved	2		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	53		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	10	Services are not medically necessary	10		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	Surgery, Head And Neck	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	5		0		0
NSL/SINS NDSC SURG FRNT&SPHN	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	DEVIATED NASAL SEPTUM	Surgery, Head And Neck	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	ESSENTIAL (PRIMARY) HYPERTENSION	Surgery, Head And Neck	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	HEADACHE	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG FRNT&SPHN	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	HYPO-OSMOLALITY AND HYPONATREMIA	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0

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NSL/SINS NDSC SURG FRNT&SPHN	OTHER ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHRONIC SINUSITIS	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	36		0		0
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	4	Services are not medically necessary	4		0
NSL/SINS NDSC SURG FRNT&SPHN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	PAIN IN LEFT KNEE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	SINUS BAROTRAUMA, INITIAL ENCOUNTER	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	WEAKNESS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	ACUTE FRONTAL SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	ACUTE RECURRENT PANSINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	ACUTE RECURRENT PANSINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC ETHMOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	Allergy/Immunology	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	3		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	Family Medicine	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	19		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	4	Services are not medically necessary	4		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	Surgery, Head And Neck	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	Surgery, Head And Neck	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	4		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	5		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Facility	Denied	2	Services are not medically necessary	2		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Family Medicine	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	69		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	7	Services are not medically necessary	7		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	Ancillary	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	26		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	5	Services are not medically necessary	5		0

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NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	Surgery, Plastic	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	Allergy/Immunology	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	65		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	3	Services are not medically necessary	3		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	Surgery, Head And Neck	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC TONSILLITIS AND ADENOIDITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	7		0		0
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Surgery, Head And Neck	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	EPISTAXIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	ESSENTIAL (PRIMARY) HYPERTENSION	Surgery, Head And Neck	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	FEVER, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	HEADACHE	Facility	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Approved	4		0		0
NSL/SINS NDSC SURG MAX SINS	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	HYPOTONICITY AND HYPONATREMIA	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	NASAL CONGESTION	Facility	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	NASAL POLYP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	OTHER ACUTE RECURRENT SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	OTHER ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC PAIN	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC SINUSITIS	Facility	Approved	1		0		0

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NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	40		0		0
NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	6	Services are not medically necessary	6		0
NSL/SINS NDSC SURG MAX SINS	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	OTHER VOICE AND RESONANCE DISORDERS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	PAIN IN LEFT KNEE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	POSTNASAL DRIP	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	SINUS BAROTRAUMA, INITIAL ENCOUNTER	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	WEAKNESS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG SPHN SINS	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC FRONTAL SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC FRONTAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC PANSINUSITIS	Ancillary	Approved	2		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC PANSINUSITIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SPHENOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG SPHN SINS	EPISTAXIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	EPISTAXIS	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	HEADACHE	Facility	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	NASAL CONGESTION	Facility	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	NASAL POLYP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0

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NSL/SINS NDSC SURG SPHN SINS	OTHER ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	OTHER CHRONIC SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	4	Services are not medically necessary	4		0
NSL/SINS NDSC SURG SPHN SINS	WEAKNESS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	4		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC FRONTAL SINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	3		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	3		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	3		0		0
NSL/SINS NDSC TOT W/SPHENDT	DEVIATED NASAL SEPTUM	Facility	Approved	3		0		0
NSL/SINS NDSC TOT W/SPHENDT	HEADACHE	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	OTHER ACUTE RECURRENT SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	OTHER CHRONIC SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	POLYP OF NASAL CAVITY	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	ACUTE PANSINUSITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	3		0		0
NSL/SINS NDSC TOTAL	CHRONIC FRONTAL SINUSITIS	Facility	Approved	15		0		0
NSL/SINS NDSC TOTAL	CHRONIC FRONTAL SINUSITIS	Surgery, Head And Neck	Approved	1		0		0
NSL/SINS NDSC TOTAL	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	8		0		0
NSL/SINS NDSC TOTAL	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC TOTAL	CHRONIC PANSINUSITIS	Ancillary	Approved	5		0		0
NSL/SINS NDSC TOTAL	CHRONIC PANSINUSITIS	Facility	Approved	3		0		0
NSL/SINS NDSC TOTAL	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Approved	3		0		0
NSL/SINS NDSC TOTAL	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	6		0		0
NSL/SINS NDSC TOTAL	CHRONIC SPHENOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC TOTAL	DEVIATED NASAL SEPTUM	Facility	Approved	5		0		0
NSL/SINS NDSC TOTAL	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC TOTAL	HYPERTROPHY OF NASAL TURBINATES	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Approved	1		0		0
NSL/SINS NDSC TOTAL	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	Facility	Approved	1		0		0
NSL/SINS NDSC TOTAL	OTHER ACUTE RECURRENT SINUSITIS	Facility	Approved	1		0		0

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NSL/SINS NDSC TOTAL	OTHER CHRONIC SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC TOTAL	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM	Facility	Approved	1		0		0
NSL/SINS NDSC TOTAL	POLYP OF NASAL CAVITY	Ancillary	Approved	1		0		0
NSL/SINS NDSC W/PRTL ETHMDCT	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC W/TOT ETHMDCT	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC W/TOT ETHMDCT	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC W/TOT ETHMDCT	PAIN IN LEFT FOOT	Facility	Approved	1		0		0
NTSTY MODUL RAD TX DLVR CPLX	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Facility	Approved	1		0		0
NTSTY MODUL RAD TX DLVR CPLX	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
NTSTY MODUL RAD TX DLVR CPLX	MALIGNANT NEOPLASM OF VAGINA	Facility	Approved	1		0		0
NUBHVL XM PHY/QHP EA ADDL HR	OTHER AMNESIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
NUBHVL XM PHYS/QHP 1ST HR	OTHER AMNESIA	Clinical Neurophysiology	Approved	1		0		0
NUBHVL XM PHYS/QHP 1ST HR	OTHER AMNESIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
NUCALA	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatric Neurology		0		0	Approved	1
NUCALA	Pulmonary eosinophilia, not elsewhere classified	Surgery, Plastic		0		0	Denied	1
NUCALA 100 MG VIAL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
NUCALA 100 MG VIAL	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Critical Care Medicine	Approved	1		0		0
NUCALA 100 MG VIAL	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
NUCALA 100 MG VIAL	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
NUCALA 100 MG/ML AUTO-INJECTOR	POLYARTERITIS WITH LUNG INVOLVEMENT [CHURG-STRAUSS]	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
NUCALA 100 MG/ML AUTO-INJECTOR	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
NUCALA 100 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Approved	1		0		0
NUCALA 100 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
NUCALA 100 MG/ML SYRINGE	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
NUCLEAR RX IV ADMIN	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	Ancillary	Approved	2		0		0
NUCLEAR RX ORAL ADMIN	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	2		0		0
NUCYNTA	CHRONIC PAIN SYNDROME	Physician		0		0	Denied	1
NUCYNTA 100 MG TABLET	CERVICALGIA	Physical Medicine	Approved	1		0		0
NUCYNTA 100 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
NUCYNTA 100 MG TABLET	GASTROPARESIS	Pain Management	Approved	1		0		0
NUCYNTA 100 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
NUCYNTA 50 MG TABLET	ALGONEURODYSTROPHY, UNSPECIFIED LOWER LEG	Anesthesiology	Approved	1		0		0
NUCYNTA 50 MG TABLET	CERVICALGIA	Pain Management	Approved	1		0		0
NUCYNTA 50 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
NUCYNTA 50 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
NUCYNTA 50 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	2		0		0
NUCYNTA 50 MG TABLET	LOW BACK PAIN	Anesthesiology	Approved	1		0		0
NUCYNTA 50 MG TABLET	LOW BACK PAIN	Family Medicine	Approved	2		0		0
NUCYNTA 50 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Anesthesiology	Approved	1		0		0
NUCYNTA 50 MG TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
NUCYNTA 50 MG TABLET	PELVIC AND PERINEAL PAIN	Pain Management	Approved	1		0		0
NUCYNTA 50 MG TABLET	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0

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NUCYNTA 50 MG TABLET	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Pain Management	Approved	1		0		0
NUCYNTA 50 MG TABLET	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Pain Management	Denied	1	Services are not medically necessary	1		0
NUCYNTA 75 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
NUCYNTA 75 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 100 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
NUCYNTA ER 100 MG TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	1		0		0
NUCYNTA ER 100 MG TABLET	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 150 MG TABLET	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	Physical Medicine	Approved	1		0		0
NUCYNTA ER 150 MG TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Physical Medicine	Approved	1		0		0
NUCYNTA ER 200 MG TABLET	LOW BACK PAIN	Anesthesiology	Approved	1		0		0
NUCYNTA ER 200 MG TABLET	LOW BACK PAIN	Psychiatry	Approved	1		0		0
NUCYNTA ER 250 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
NUCYNTA ER 250 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
NUCYNTA ER 50 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
NUCYNTA ER 50 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	CHRONIC PAIN SYNDROME	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	PAIN IN UNSPECIFIED HIP	Anesthesiology	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
NUCYNTA ER 50 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Pain Management	Approved	1		0		0
NUDT15 GENE COMMON VARIANTS	OTHER SPECIFIED DERMATITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NULL	ABDOMINAL DISTENSION (GASEOUS)	GASTROENTEROLOGY	Approved	1		0		0
NULL	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	4		0		0
NULL	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	1		0		0
NULL	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	Approved	1		0		0
NULL	ABNORMAL RESULTS OF KIDNEY FUNCTION STUDIES	NEPHROLOGY	Approved	1		0		0
NULL	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	2		0		0
NULL	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Approved	1		0		0
NULL	ABNORMAL WEIGHT LOSS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	ABNORMALITIES OF BREATHING	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	ABNORMALITIES OF HEART BEAT	PULMONARY MEDICINE	Approved	1		0		0
NULL	ACNE VULGARIS	DERMATOLOGY	Approved	4		0		0
NULL	ACNE, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
NULL	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	GENERAL SURGERY	Approved	1		0		0
NULL	ACTINIC KERATOSIS	DERMATOLOGY	Approved	3		0		0
NULL	ACUTE PROSTATITIS	UROLOGY	Approved	1		0		0
NULL	AGE-RELATED NUCLEAR CATARACT, BILATERAL	OPHTHALMOLOGY	Approved	10		0		0
NULL	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0

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NULL	ALLERGIC RHINITIS DUE TO ANIMAL (CAT) (DOG) HAIR AND DANDER	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	ALLERGIC RHINITIS DUE TO FOOD	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	ALLERGIC RHINITIS DUE TO POLLEN	ALLERGY & IMMUNOLOGY	Approved	4		0		0
NULL	ALLERGIC RHINITIS, UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	5		0		0
NULL	ALLERGIC RHINITIS, UNSPECIFIED	OTOLARYNGOLOGY	Approved	5		0		0
NULL	ALLERGY, UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	ALLERGY, UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	1	Services can be provided by in-network provider	1		0
NULL	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	ALLERGY & IMMUNOLOGY	Approved	2		0		0
NULL	ANATOMICAL NARROW ANGLE, UNSPECIFIED EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	ANEMIA IN CHRONIC KIDNEY DISEASE	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
NULL	ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
NULL	ANEMIA, UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
NULL	ANEMIA, UNSPECIFIED	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
NULL	ANESTHESIA OF SKIN	NEUROLOGY	Approved	4		0		0
NULL	ANGIONEUROTIC EDEMA, INITIAL ENCOUNTER	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	ANXIETY DISORDER, UNSPECIFIED	NEUROLOGY	Approved	1		0		0
NULL	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	INFECTIOUS DISEASE	Approved	2		0		0
NULL	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR SURGERY	Approved	11		0		0
NULL	ATOPIC DERMATITIS, UNSPECIFIED	DERMATOLOGY	Approved	2		0		0
NULL	AUTOIMMUNE THYROIDITIS	ENDOCRINOLOGY	Approved	1		0		0
NULL	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	GASTROENTEROLOGY	Approved	1		0		0
NULL	BASAL CELL CARCINOMA OF OVERLAPPING SITES OF SKIN	DERMATOLOGY	Approved	1		0		0
NULL	BASAL CELL CARCINOMA OF SKIN OF OTHER AND UNSP PARTS OF FACE	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	DERMATOLOGY	Approved	2		0		0
NULL	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
NULL	BASAL CELL CARCINOMA SKIN/ R EAR AND EXTERNAL AURIC CANAL	DERMATOLOGY	Approved	1		0		0
NULL	BELL'S PALSY	NEUROLOGY	Approved	1		0		0
NULL	BENIGN CYST OF TESTIS	UROLOGY	Approved	1		0		0
NULL	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
NULL	BENIGN NEOPLASM OF ASCENDING COLON	GASTROENTEROLOGY	Approved	1		0		0
NULL	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	Approved	2		0		0

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NULL	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMP	UROLOGY	Approved	7		0		0
NULL	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEDIC SURGERY	Approved	5		0		0
NULL	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	RHEUMATOLOGY	Approved	1		0		0
NULL	BIT/STUNG BY NONVENOM INSECT & OTH NONVENOM ARTHROPODS, INIT	DERMATOLOGY	Approved	2		0		0
NULL	BLADDER-NECK OBSTRUCTION	UROLOGY	Approved	1		0		0
NULL	BRADYCARDIA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	BUNION OF LEFT FOOT	PODIATRY	Approved	1		0		0
NULL	BUNION OF RIGHT FOOT	PODIATRY	Approved	2		0		0
NULL	BUNION OF UNSPECIFIED FOOT	PODIATRY	Approved	1		0		0
NULL	BURN OF SECOND DEGREE OF LEFT FOOT, INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
NULL	BURN OF SECOND DEGREE OF RIGHT FOOT, INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
NULL	CALCIFIC TENDINITIS, RIGHT HAND	PLASTIC SURGERY	Approved	1		0		0
NULL	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	GENERAL SURGERY	Approved	1		0		0
NULL	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS	GENERAL SURGERY	Approved	1		0		0
NULL	CALCULUS OF KIDNEY	UROLOGY	Approved	6		0		0
NULL	CANDIDIASIS OF SKIN AND NAIL	DERMATOLOGY	Approved	1		0		0
NULL	CARDIAC ARRHYTHMIA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	CARDIAC MURMUR, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	CARDIOMEGALY	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	NEUROSURGERY	Approved	1		0		0
NULL	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	PLASTIC SURGERY	Approved	1		0		0
NULL	CAUDA EQUINA SYNDROME	NEUROSURGERY	Approved	1		0		0
NULL	CELLULITIS OF LEFT LOWER LIMB	HOSPITAL	Approved	1		0		0
NULL	CELLULITIS OF LEFT TOE	PODIATRY	Approved	1		0		0
NULL	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	PULMONARY MEDICINE	Approved	1		0		0
NULL	CERVICAL DISC DISORDER W RADICULOPATHY, MID-CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
NULL	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
NULL	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	2		0		0
NULL	CERVICALGIA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	CERVICALGIA	ORTHOPEDIC SURGERY	Approved	7		0		0
NULL	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	PHYSICAL THERAPY	Approved	1		0		0
NULL	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	6		0		0

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NULL	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
NULL	CHEST PAIN, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	CHR ANGLE-CLOSURE GLAUCOMA, UNSP EYE, INDETERMINATE STAGE	OPHTHALMOLOGY	Approved	1		0		0
NULL	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	CHRONIC FATIGUE, UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
NULL	CHRONIC KIDNEY DISEASE (CKD)	NEPHROLOGY	Approved	1		0		0
NULL	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)	NEPHROLOGY	Approved	2		0		0
NULL	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	NEPHROLOGY	Approved	11		0		0
NULL	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	NEPHROLOGY	Approved	1		0		0
NULL	CHRONIC KIDNEY DISEASE, UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
NULL	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	HEMATOLOGY/ONCOLOGY	Approved	4		0		0
NULL	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	MEDICAL ONCOLOGY	Approved	2		0		0
NULL	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	RADIATION ONCOLOGY	Approved	1		0		0
NULL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
NULL	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	2		0		0
NULL	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
NULL	CHRONIC PAIN SYNDROME	RHEUMATOLOGY	Approved	1		0		0
NULL	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	CHRONIC TONSILLITIS	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	HOSPITAL	Approved	1		0		0
NULL	CONGENITAL GLAUCOMA	OPHTHALMOLOGY	Approved	1		0		0
NULL	CONGENITAL NON-NEOPLASTIC NEVUS	DERMATOLOGY	Approved	1		0		0
NULL	CONJUNCTIVAL HEMORRHAGE, RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
NULL	CORNS AND CALLOSITIES	PODIATRY	Approved	3		0		0
NULL	CORONARY ANGIOPLASTY STATUS	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	CORONARY ARTERY ANEURYSM	CARDIOVASCULAR SURGERY	Approved	2		0		0
NULL	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE	CARDIOVASCULAR SURGERY	Approved	2		0		0
NULL	COUGH	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	COUGH	OTOLARYNGOLOGY	Approved	2		0		0
NULL	COUGH	PULMONARY MEDICINE	Approved	1		0		0
NULL	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
NULL	CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS	GASTROENTEROLOGY	Approved	1		0		0
NULL	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
NULL	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
NULL	CUTANEOUS ABSCESS, UNSPECIFIED	DERMATOLOGY	Approved	2		0		0
NULL	CUTANEOUS ABSCESS, UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
NULL	CYST OF KIDNEY, ACQUIRED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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NULL	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	CYSTOCELE, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	CYSTOCELE, UNSPECIFIED	UROLOGY	Approved	1		0		0
NULL	DECREASED LIBIDO	UROLOGY	Approved	3		0		0
NULL	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	MEDICAL ONCOLOGY	Approved	2		0		0
NULL	DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES	PULMONARY MEDICINE	Approved	2		0		0
NULL	DERANG OF UNSP MEDIAL MENISCUS DUE TO OLD TEAR/INJ, R KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	DERMATITIS, UNSPECIFIED	DERMATOLOGY	Approved	7		0		0
NULL	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY	Approved	2		0		0
NULL	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	Approved	1		0		0
NULL	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	Approved	4		0		0
NULL	DISEASES OF LIPS	OTOLARYNGOLOGY	Approved	1		0		0
NULL	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
NULL	DISORDER OF MALE GENITAL ORGANS, UNSPECIFIED	UROLOGY	Approved	1		0		0
NULL	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	DERMATOLOGY	Approved	19		0		0
NULL	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	DISP FX OF LEFT ULNA STYLOID PROCESS, INIT FOR CLOS FX	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	DIZZINESS AND GIDDINESS	CARDIOVASCULAR SURGERY	Approved	4		0		0
NULL	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	3		0		0
NULL	DORSALGIA	NEUROSURGERY	Approved	1		0		0
NULL	DORSALGIA, UNSPECIFIED	PAIN MANAGEMENT	Approved	3		0		0
NULL	DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND	OPHTHALMOLOGY	Approved	1		0		0
NULL	DVRTCLOS OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
NULL	DYSPHAGIA, UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
NULL	DYSPHAGIA, UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services can be provided by in-network provider	1		0
NULL	DYSPHAGIA, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	DYSPHONIA	OTOLARYNGOLOGY	Approved	1		0		0
NULL	DYSYPNEA, UNSPECIFIED	PULMONARY MEDICINE	Approved	1		0		0
NULL	DYSURIA	UROLOGY	Approved	1		0		0
NULL	EFFUSION, LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	EFFUSION, RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	Approved	9		0		0
NULL	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	GASTROENTEROLOGY	Approved	1		0		0

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NULL	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	OBSTETRICS & GYNECOLOGY	Approved	7		0		0
NULL	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
NULL	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF NEUROSTIMULATOR	NEUROSURGERY	Approved	1		0		0
NULL	ENCOUNTER FOR DISABILITY DETERMINATION	PHYSICAL MEDICINE/REHAB	Approved	1		0		0
NULL	ENCOUNTER FOR EXAM OF EYES AND VISION W ABNORMAL FINDINGS	OPHTHALMOLOGY	Approved	2		0		0
NULL	ENCOUNTER FOR EXAM OF EYES AND VISION W/O ABNORMAL FINDINGS	OPHTHALMOLOGY	Approved	5		0		0
NULL	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAM W ABNORMAL FINDINGS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION	DERMATOLOGY	Approved	1		0		0
NULL	ENCOUNTER FOR GYNECOLOGICAL EXAMINATION	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	UROLOGY	Approved	3		0		0
NULL	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	ENCOUNTER FOR ROUTINE GYNECOLOGICAL EXAMINATION	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
NULL	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	ENCOUNTER FOR SCREENING FOR EYE AND EAR DISORDERS	OPHTHALMOLOGY	Approved	12		0		0
NULL	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
NULL	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	Approved	87		0		0
NULL	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RECTUM	GASTROENTEROLOGY	Approved	1		0		0
NULL	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF SKIN	DERMATOLOGY	Approved	3		0		0
NULL	ENCOUNTER FOR STERILIZATION	UROLOGY	Approved	2		0		0
NULL	ENDOCRINE DISORDER, UNSPECIFIED	UROLOGY	Approved	1		0		0
NULL	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	EOSINOPHILIA	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	EPIDERMAL CYST	GENERAL SURGERY	Approved	1		0		0
NULL	EPIDIDYMITIS	UROLOGY	Approved	1		0		0
NULL	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	2		0		0
NULL	EPISTAXIS	OTOLARYNGOLOGY	Approved	2		0		0
NULL	ESOPHAGEAL VARICES WITHOUT BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
NULL	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOVASCULAR SURGERY	Approved	23		0		0
NULL	ESSENTIAL (PRIMARY) HYPERTENSION	NEPHROLOGY	Approved	1		0		0
NULL	ESSENTIAL (PRIMARY) HYPERTENSION	OPHTHALMOLOGY	Approved	3		0		0

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NULL	ESSENTIAL (PRIMARY) HYPERTENSION	UROLOGY	Approved	1		0		0
NULL	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	FALL SAME LEV FROM SLIP/TRIP W STRIKE AGNST UNSP OBJ, INIT	PODIATRY	Approved	1		0		0
NULL	FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	FAMILY HISTORY OF GLAUCOMA	OPHTHALMOLOGY	Approved	1		0		0
NULL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	INTERNAL MEDICINE	Approved	1		0		0
NULL	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	CARDIOVASCULAR SURGERY	Approved	4		0		0
NULL	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	2		0		0
NULL	FEELING OF INCOMPLETE BLADDER EMPTYING	UROLOGY	Approved	1		0		0
NULL	FEMALE INFERTILITY, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	FOLLICULAR CYST OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	GENERAL SURGERY	Approved	1		0		0
NULL	FOLLICULAR DISORDER, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
NULL	FRACTURE OF UNSP PHALANX OF UNSP FINGER, INIT FOR CLOS FX	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	FRACTURE OF UNSP PHALANX OF UNSP FINGER, INIT FOR CLOS FX	PLASTIC SURGERY	Approved	1		0		0
NULL	FRACTURE OF UNSPECIFIED PART OF LEFT CLAVICLE, SEQUELA	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	FREQUENCY OF MICTURITION	UROLOGY	Approved	2		0		0
NULL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	GASTROENTEROLOGY	Approved	1		0		0
NULL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	5		0		0
NULL	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	PHYSICAL MEDICINE/REHAB	Approved	1		0		0
NULL	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	3		0		0
NULL	GENERALIZED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	GENERALIZED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
NULL	GOUT, UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
NULL	HEADACHE	NEUROLOGY	Approved	2		0		0
NULL	HEADACHE	OPHTHALMOLOGY	Approved	2		0		0
NULL	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	2		0		0
NULL	HEARTBURN	GASTROENTEROLOGY	Denied	1	Services can be provided by in-network provider	1		0
NULL	HEMATURIA, UNSPECIFIED	UROLOGY	Approved	4		0		0
NULL	HEMORRHAGE OF ANUS AND RECTUM	COLON & RECTAL SURGERY	Approved	1		0		0
NULL	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	2		0		0
NULL	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	HIDRADENITIS SUPPURATIVA	DERMATOLOGY	Approved	4		0		0
NULL	HIDRADENITIS SUPPURATIVA	GENERAL SURGERY	Approved	1		0		0
NULL	HIDRADENITIS SUPPURATIVA	NEUROLOGY	Approved	1		0		0

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NULL	HIDRADENITIS SUPPURATIVA	PLASTIC SURGERY	Approved	1		0		0
NULL	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	HIRSUTISM	ENDOCRINOLOGY	Approved	1		0		0
NULL	HORDEOLUM EXTERNUM RIGHT UPPER EYELID	OPHTHALMOLOGY	Approved	1		0		0
NULL	HORSESHOE TEAR OF RETINA WITHOUT DETACHMENT, LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INFECTIOUS DISEASE	Approved	5		0		0
NULL	HYPERTHYROIDISM, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	HYPERTHYROIDISM, UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
NULL	HYPERTHYROIDISM, UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
NULL	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	HYPERTENSIVE RETINOPATHY, BILATERAL	OPHTHALMOLOGY	Approved	2		0		0
NULL	HYPERTROPHIC DISORDER OF THE SKIN, UNSPECIFIED	DERMATOLOGY	Approved	8		0		0
NULL	HYPERTROPHIC SCAR	DERMATOLOGY	Approved	2		0		0
NULL	HYPERURICEMIA W/O SIGNS OF INFLAM ARTHRIT AND TOPHACEOUS DIS	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	HYPOTHYROIDISM, UNSPECIFIED	ENDOCRINOLOGY	Approved	8		0		0
NULL	IDIOPATHIC PROGRESSIVE NEUROPATHY	NEUROLOGY	Approved	2		0		0
NULL	IMPACTED CERUMEN, BILATERAL	OTOLARYNGOLOGY	Approved	1		0		0
NULL	IMPAIRED GLUCOSE TOLERANCE (ORAL)	OPHTHALMOLOGY	Approved	1		0		0
NULL	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	HOSPITAL PHYSICAL MEDICINE/REHAB	Approved	1		0		0
NULL	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PHYSICAL MEDICINE/REHAB	Approved	1		0		0
NULL	INDURATION PENIS PLASTICA	UROLOGY	Approved	1		0		0
NULL	INFLAMED SEBORRHEIC KERATOSIS	DERMATOLOGY	Approved	1		0		0
NULL	INFLAMMATORY DISEASE OF UTERUS, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
NULL	INGUINAL HERNIA	GENERAL SURGERY	Approved	1		0		0
NULL	INSOMNIA, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
NULL	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	GASTROENTEROLOGY	Approved	2		0		0
NULL	IRON DEFICIENCY ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
NULL	IRREGULAR MENSTRUATION, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	GASTROENTEROLOGY	Approved	2		0		0
NULL	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	Approved	1		0		0
NULL	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	UROLOGY	Approved	1		0		0
NULL	LATERAL EPICONDYLITIS, RIGHT ELBOW	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	LEIOMYOMA OF UTERUS, UNSPECIFIED	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	LESION OF PLANTAR NERVE, UNSPECIFIED LOWER LIMB	UROLOGY	Approved	1		0		0
NULL	LEUKOPLAKIA OF CERVIX UTERI	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	LOCALIZED ENLARGED LYMPH NODES	GENERAL SURGERY	Approved	2		0		0
NULL	LOCALIZED SWELLING, MASS AND LUMP, HEAD	NEUROLOGY	Approved	1		0		0

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NULL	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	DERMATOLOGY	Approved	1		0		0
NULL	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	PLASTIC SURGERY	Approved	2		0		0
NULL	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
NULL	LONG TERM (CURRENT) USE OF INSULIN	OPHTHALMOLOGY	Approved	6		0		0
NULL	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
NULL	LOW BACK PAIN	NEUROLOGY	Approved	1		0		0
NULL	LOW BACK PAIN	NEUROSURGERY	Approved	1		0		0
NULL	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	10		0		0
NULL	LOW BACK PAIN	PAIN MANAGEMENT	Approved	11		0		0
NULL	LOW BACK PAIN	PHYSICAL THERAPY	Approved	1		0		0
NULL	LOWER ABDOMINAL PAIN, UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
NULL	LUMBAGO WITH SCIATICA, LEFT SIDE	NEUROSURGERY	Approved	1		0		0
NULL	LUMBAGO WITH SCIATICA, RIGHT SIDE	NEUROSURGERY	Approved	1		0		0
NULL	LYMPHOCYTOSIS (SYMPTOMATIC)	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	MACULAR CYST, HOLE, OR PSEUDOHOLE, LEFT EYE	OPHTHALMOLOGY	Approved	1		0		0
NULL	MACULAR CYST, HOLE, OR PSEUDOHOLE, RIGHT EYE	OPHTHALMOLOGY	Approved	5		0		0
NULL	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	UROLOGY	Approved	3		0		0
NULL	MALE INFERTILITY, UNSPECIFIED	UROLOGY	Approved	1		0		0
NULL	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	RADIATION ONCOLOGY	Approved	1		0		0
NULL	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	DERMATOLOGY	Approved	5		0		0
NULL	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	NEUROLOGY	Approved	4		0		0
NULL	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	OTOLARYNGOLOGY	Approved	2		0		0
NULL	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	DERMATOLOGY	Approved	5		0		0
NULL	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	NEUROLOGY	Approved	4		0		0
NULL	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	OTOLARYNGOLOGY	Approved	2		0		0
NULL	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	MALIGNANT NEOPLASM OF MIDDLE EAR	DERMATOLOGY	Approved	1		0		0
NULL	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	MALIGNANT NEOPLASM OF PROSTATE	GASTROENTEROLOGY	Approved	1		0		0
NULL	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	4		0		0
NULL	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
NULL	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	GENERAL SURGERY	Approved	2		0		0
NULL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
NULL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
NULL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY/ONCOLOGY	Approved	1		0		0

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NULL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	MALIGNANT PLEURAL EFFUSION	CARDIO-THORACIC SURGERY	Approved	1		0		0
NULL	MECH COMPL OF IMPLNT ELEC NSTIM OF SPINAL CORD LEAD, INIT	NEUROSURGERY	Approved	1		0		0
NULL	MELANOCYTIC NEVI, UNSPECIFIED	DERMATOLOGY	Approved	9		0		0
NULL	MENIERE'S DISEASE	OTOLARYNGOLOGY	Approved	1		0		0
NULL	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
NULL	MILD COGNITIVE IMPAIRMENT, SO STATED	NEUROLOGY	Approved	1		0		0
NULL	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	PULMONARY MEDICINE	Approved	1		0		0
NULL	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	MIXED INCONTINENCE	UROLOGY	Approved	2		0		0
NULL	MONONEUROPATHIES OF LOWER LIMB	PODIATRY	Approved	1		0		0
NULL	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR SURGERY	Approved	2		0		0
NULL	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	GENERAL SURGERY	Approved	4		0		0
NULL	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	NUTRITION	Approved	2		0		0
NULL	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	2		0		0
NULL	MYELOID LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION	INFECTIOUS DISEASE	Approved	1		0		0
NULL	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	DERMATOLOGY	Approved	9		0		0
NULL	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	PLASTIC SURGERY	Approved	1		0		0
NULL	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
NULL	NEOPLASM OF UNSP BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	DERMATOLOGY	Approved	1		0		0
NULL	NEVUS, NON-NEOPLASTIC	DERMATOLOGY	Approved	2		0		0
NULL	NOCTURIA	UROLOGY	Approved	1		0		0
NULL	NODULAR PROSTATE WITH LOWER URINARY TRACT SYMPTOMS	UROLOGY	Approved	1		0		0
NULL	NONALCOHOLIC STEATOHEPATITIS (NASH)	GASTROENTEROLOGY	Approved	1		0		0
NULL	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	Approved	4		0		0
NULL	NON-PRESSURE CHRONIC ULCER OTH PRT UNSP FOOT W UNSP SEVERITY	PODIATRY	Approved	1		0		0
NULL	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W FAT LAYER EXPOSED	PAIN MANAGEMENT	Approved	1		0		0
NULL	NON-PRS CHRONIC ULCER SKIN/ SITES LIMITED TO BRKDN SKIN	HOSPITAL	Approved	1		0		0
NULL	NONSCARRING HAIR LOSS, UNSPECIFIED	DERMATOLOGY	Approved	5		0		0
NULL	NONTOXIC GOITER, UNSPECIFIED	ENDOCRINOLOGY	Approved	2		0		0
NULL	NONTOXIC GOITER, UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
NULL	NONTOXIC GOITER, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	NONTOXIC GOITER, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	NONTOXIC SINGLE THYROID NODULE	OTOLARYNGOLOGY	Approved	1		0		0
NULL	NUMMULAR DERMATITIS	DERMATOLOGY	Approved	1		0		0
NULL	NUTRITIONAL ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
NULL	OBESITY, UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
NULL	OBESITY, UNSPECIFIED	NUTRITION	Approved	1		0		0
NULL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NULL	Approved	1		0		0
NULL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY MEDICINE	Approved	4		0		0

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NULL	OCULAR PAIN, UNSPECIFIED EYE	OPHTHALMOLOGY	Approved	1		0		0
NULL	ONYCHOLYSIS	PODIATRY	Approved	1		0		0
NULL	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, UNSP EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	OSTEOARTHRITIS OF HIP, UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	OSTEOPHYTE, LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	OTALGIA, BILATERAL	OTOLARYNGOLOGY	Approved	1		0		0
NULL	OTALGIA, LEFT EAR	OTOLARYNGOLOGY	Approved	2		0		0
NULL	OTALGIA, RIGHT EAR	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	OTALGIA, RIGHT EAR	OTOLARYNGOLOGY	Approved	2		0		0
NULL	OTALGIA, UNSPECIFIED EAR	OTOLARYNGOLOGY	Approved	1		0		0
NULL	OTH DISORDERS OF OPTIC NERVE, NEC, RIGHT EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	OTH DISORDERS OF SKIN, SUBCU, NOT ELSEWHERE CLASSIFIED	DERMATOLOGY	Approved	1		0		0
NULL	OTH ENTHESOPATHIES OF UNSPECIFIED LOWER LIMB, EXCLUDING FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	RHEUMATOLOGY	Approved	1		0		0
NULL	OTH SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SEQUELA	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
NULL	OTHER AGE-RELATED CATARACT	OPHTHALMOLOGY	Approved	1		0		0
NULL	OTHER ALLERGIC RHINITIS	ALLERGY & IMMUNOLOGY	Approved	6		0		0
NULL	OTHER ALLERGY	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	OTHER ALOPECIA AREATA	DERMATOLOGY	Approved	2		0		0
NULL	OTHER AMNESIA	NEUROLOGY	Approved	3		0		0
NULL	OTHER ASCITES	GASTROENTEROLOGY	Approved	1		0		0
NULL	OTHER BENIGN NEOPLASM OF SKIN, UNSPECIFIED	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	OTHER BURSITIS OF HIP, RIGHT HIP	PAIN MANAGEMENT	Approved	1		0		0
NULL	OTHER CHEST PAIN	CARDIOVASCULAR SURGERY	Approved	4		0		0
NULL	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
NULL	OTHER DISEASES OF BRONCHUS, NOT ELSEWHERE CLASSIFIED	PULMONARY MEDICINE	Approved	2		0		0
NULL	OTHER DYSPHAGIA	GASTROENTEROLOGY	Approved	1		0		0
NULL	OTHER FATIGUE	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	OTHER FATIGUE	UROLOGY	Approved	1		0		0
NULL	OTHER FECAL ABNORMALITIES	GASTROENTEROLOGY	Approved	3		0		0
NULL	OTHER FORMS OF DYSPNEA	PULMONARY MEDICINE	Approved	1		0		0
NULL	OTHER GASTRITIS WITH BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
NULL	OTHER HEMORRHOIDS	GASTROENTEROLOGY	Approved	1		0		0
NULL	OTHER HYPERTROPHIC DISORDERS OF THE SKIN	DERMATOLOGY	Approved	2		0		0
NULL	OTHER INSTABILITY, RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
NULL	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0

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NULL	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
NULL	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	NEUROSURGERY	Approved	1		0		0
NULL	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	OTHER LONG TERM (CURRENT) DRUG THERAPY	DERMATOLOGY	Approved	2		0		0
NULL	OTHER MALAISE	HOSPITAL	Approved	1		0		0
NULL	OTHER MELANIN HYPERPIGMENTATION	DERMATOLOGY	Approved	2		0		0
NULL	OTHER NAIL DISORDERS	PODIATRY	Approved	1		0		0
NULL	OTHER OVARIAN CYST, RIGHT SIDE	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	OTHER PERIPHERAL VERTIGO, UNSPECIFIED EAR	OTOLARYNGOLOGY	Approved	1		0		0
NULL	OTHER POSTTHERPETIC NERVOUS SYSTEM INVOLVEMENT	DERMATOLOGY	Approved	1		0		0
NULL	OTHER PRURIGO	DERMATOLOGY	Approved	1		0		0
NULL	OTHER SEASONAL ALLERGIC RHINITIS	ALLERGY & IMMUNOLOGY	Approved	3		0		0
NULL	OTHER SEASONAL ALLERGIC RHINITIS	OTOLARYNGOLOGY	Approved	1		0		0
NULL	OTHER SEBORRHEIC KERATOSIS	DERMATOLOGY	Approved	1		0		0
NULL	OTHER SECONDARY CATARACT, RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
NULL	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
NULL	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	UROLOGY	Approved	5		0		0
NULL	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	GASTROENTEROLOGY	Approved	1		0		0
NULL	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY	Approved	1		0		0
NULL	OTHER SPECIFIED DISORDERS OF BONE, HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	OPHTHALMOLOGY	Approved	2		0		0
NULL	OTHER SPECIFIED DISORDERS OF PENIS	UROLOGY	Approved	1		0		0
NULL	OTHER SPECIFIED FOLLICULAR DISORDERS	DERMATOLOGY	Approved	1		0		0
NULL	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	OTHER SPECIFIED POSTPROCEDURAL STATES	GASTROENTEROLOGY	Approved	1		0		0
NULL	OTHER SPECIFIED POSTPROCEDURAL STATES	GENERAL SURGERY	Approved	1		0		0
NULL	OTHER SPECIFIED POSTPROCEDURAL STATES	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
NULL	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	PHYSICAL THERAPY	Approved	1		0		0
NULL	OTHER SUPERFICIAL INJURIES OF LEFT THUMB, SEQUELA	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	OTHER VISUAL DISTURBANCES	OPHTHALMOLOGY	Approved	2		0		0
NULL	OTHER VITREOUS OPACITIES, LEFT EYE	OPHTHALMOLOGY	Approved	4		0		0
NULL	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	PODIATRY	Approved	1		0		0
NULL	PAIN IN LEFT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	PAIN IN LEFT FINGER(S)	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	PAIN IN LEFT FINGER(S)	PLASTIC SURGERY	Approved	1		0		0
NULL	PAIN IN LEFT FOOT	PODIATRY	Approved	1		0		0
NULL	PAIN IN LEFT HAND	ORTHOPEDIC SURGERY	Approved	3		0		0
NULL	PAIN IN LEFT HAND	PLASTIC SURGERY	Approved	1		0		0
NULL	PAIN IN LEFT HIP	NEUROSURGERY	Approved	1		0		0
NULL	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0

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NULL	PAIN IN LEFT HIP	PAIN MANAGEMENT	Approved	1		0		0
NULL	PAIN IN LEFT KNEE	HOSPITAL	Approved	1		0		0
NULL	PAIN IN LEFT KNEE	ORTHOPEdic SURGERY	Approved	14		0		0
NULL	PAIN IN LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
NULL	PAIN IN LEFT LEG	ORTHOPEdic SURGERY	Approved	1		0		0
NULL	PAIN IN LEFT LEG	PAIN MANAGEMENT	Approved	1		0		0
NULL	PAIN IN LEFT LOWER LEG	VASCULAR SURGERY	Approved	1		0		0
NULL	PAIN IN LEFT SHOULDER	ORTHOPEdic SURGERY	Approved	4		0		0
NULL	PAIN IN LEFT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
NULL	PAIN IN LEFT WRIST	ORTHOPEdic SURGERY	Approved	1		0		0
NULL	PAIN IN LEG, UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
NULL	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	ORTHOPEdic SURGERY	Approved	2		0		0
NULL	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	PODIATRY	Approved	1		0		0
NULL	PAIN IN RIGHT ARM	ORTHOPEdic SURGERY	Approved	1		0		0
NULL	PAIN IN RIGHT FINGER(S)	ORTHOPEdic SURGERY	Approved	2		0		0
NULL	PAIN IN RIGHT FOOT	ORTHOPEdic SURGERY	Approved	3		0		0
NULL	PAIN IN RIGHT FOOT	PODIATRY	Approved	6		0		0
NULL	PAIN IN RIGHT HIP	ORTHOPEdic SURGERY	Approved	3		0		0
NULL	PAIN IN RIGHT KNEE	ORTHOPEdic SURGERY	Approved	10		0		0
NULL	PAIN IN RIGHT LEG	ORTHOPEdic SURGERY	Approved	1		0		0
NULL	PAIN IN RIGHT LEG	PHYSICAL THERAPY	Approved	1		0		0
NULL	PAIN IN RIGHT LOWER LEG	ORTHOPEdic SURGERY	Approved	2		0		0
NULL	PAIN IN RIGHT SHOULDER	ORTHOPEdic SURGERY	Approved	3		0		0
NULL	PAIN IN RIGHT SHOULDER	PHYSICAL THERAPY	Approved	1		0		0
NULL	PAIN IN RIGHT THIGH	ORTHOPEdic SURGERY	Approved	1		0		0
NULL	PAIN IN RIGHT TOE(S)	PODIATRY	Approved	1		0		0
NULL	PAIN IN RIGHT WRIST	ORTHOPEdic SURGERY	Approved	1		0		0
NULL	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	ORTHOPEdic SURGERY	Approved	2		0		0
NULL	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	PODIATRY	Approved	1		0		0
NULL	PAIN IN UNSPECIFIED ELBOW	ORTHOPEdic SURGERY	Approved	1		0		0
NULL	PAIN IN UNSPECIFIED FOOT	PODIATRY	Approved	3		0		0
NULL	PAIN IN UNSPECIFIED HAND	RHEUMATOLOGY	Approved	1		0		0
NULL	PAIN IN UNSPECIFIED HIP	ORTHOPEdic SURGERY	Approved	3		0		0
NULL	PAIN IN UNSPECIFIED KNEE	ORTHOPEdic SURGERY	Approved	3		0		0
NULL	PAIN IN UNSPECIFIED SHOULDER	ORTHOPEdic SURGERY	Approved	3		0		0
NULL	PAIN, NOT ELSEWHERE CLASSIFIED	GENERAL SURGERY	Approved	1		0		0
NULL	PAIN, UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
NULL	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	10		0		0
NULL	PARESTHESIA OF SKIN	NEUROLOGY	Approved	6		0		0
NULL	PAROXYSMAL ATRIAL FIBRILLATION	PULMONARY MEDICINE	Approved	2		0		0
NULL	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
NULL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR SURGERY	Approved	3		0		0
NULL	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	Approved	4		0		0
NULL	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	OPHTHALMOLOGY	Approved	1		0		0
NULL	PERSONAL HISTORY OF MALIGNANT CARCINOID TUMOR OF STOMACH	GASTROENTEROLOGY	Approved	1		0		0

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NULL	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	DERMATOLOGY	Approved	3		0		0
NULL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	GENERAL SURGERY	Approved	1		0		0
NULL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY/ONCOLOGY	Approved	3		0		0
NULL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRONCHUS AND LUNG	PULMONARY MEDICINE	Approved	1		0		0
NULL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
NULL	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	GASTROENTEROLOGY	Approved	1		0		0
NULL	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	GASTROENTEROLOGY	Approved	1		0		0
NULL	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN	DERMATOLOGY	Approved	4		0		0
NULL	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	OTOLARYNGOLOGY	Approved	1		0		0
NULL	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
NULL	PERSONAL HISTORY OF PULMONARY EMBOLISM	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	PERSONAL HISTORY OF PULMONARY EMBOLISM	PULMONARY MEDICINE	Approved	1		0		0
NULL	PERSONS ENCOUNTERING HEALTH SERVICES IN OTH CIRCUMSTANCES	HOSPITAL	Approved	1		0		0
NULL	PERSONS ENCOUNTERING HEALTH SERVICES IN OTH CIRCUMSTANCES	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	PIGMENTARY GLAUCOMA, BILATERAL, MILD STAGE	OPHTHALMOLOGY	Approved	1		0		0
NULL	PITYRIASIS VERSICOLOR	DERMATOLOGY	Approved	1		0		0
NULL	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Approved	1		0		0
NULL	POLYARTHRITIS, UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	POLYCYSTIC OVARIAN SYNDROME	ENDOCRINOLOGY	Approved	1		0		0
NULL	POLYCYSTIC OVARIAN SYNDROME	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
NULL	POLYNEUROPATHY, UNSPECIFIED	NEUROLOGY	Approved	1		0		0
NULL	POLYNEUROPATHY, UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
NULL	POLYP OF COLON	GASTROENTEROLOGY	Approved	2		0		0
NULL	POLYP OF COLON	GENERAL SURGERY	Approved	1		0		0
NULL	PORTAL HYPERTENSION	GASTROENTEROLOGY	Approved	1		0		0
NULL	POSTCHOLECYSTECTOMY SYNDROME	GASTROENTEROLOGY	Approved	2		0		0
NULL	POSTMENOPAUSAL ATROPHIC VAGINITIS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	POSTMENOPAUSAL BLEEDING	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	POSTNASAL DRIP	ALLERGY & IMMUNOLOGY	Approved	1		0		0
NULL	PREDIABETES	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	PREDIABETES	ENDOCRINOLOGY	Approved	1		0		0
NULL	PRE-PUBERTAL VAGINAL BLEEDING	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	PRESENCE OF CARDIAC PACEMAKER	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	PRESENCE OF INTRAOCULAR LENS	OPHTHALMOLOGY	Approved	2		0		0
NULL	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	ORTHOPEDIC SURGERY	Approved	1		0		0

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NULL	PRESENCE OF OTHER CARDIAC IMPLANTS AND GRAFTS	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	PRESENCE OF UNSPECIFIED ARTIFICIAL HIP JOINT	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE	PLASTIC SURGERY	Approved	2		0		0
NULL	PRIMARY IRIDOCYCLITIS, RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
NULL	PRIMARY OPEN-ANGLE GLAUCOMA, MILD STAGE	OPHTHALMOLOGY	Approved	2		0		0
NULL	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	RHEUMATOLOGY	Approved	1		0		0
NULL	PRURITUS, UNSPECIFIED	DERMATOLOGY	Approved	2		0		0
NULL	PSORIASIS, UNSPECIFIED	DERMATOLOGY	Approved	6		0		0
NULL	PSYCHOPHYSIOLOGIC INSOMNIA	OTOLARYNGOLOGY	Approved	1		0		0
NULL	PURE HYPERGLYCERIDEMIA	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	PURE HYPERGLYCERIDEMIA	ENDOCRINOLOGY	Approved	1		0		0
NULL	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	RADICULOPATHY, CERVICAL REGION	NEUROLOGY	Approved	1		0		0
NULL	RADICULOPATHY, CERVICAL REGION	NEUROSURGERY	Approved	2		0		0
NULL	RADICULOPATHY, CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
NULL	RADICULOPATHY, LUMBAR REGION	HOSPITAL	Approved	1		0		0
NULL	RADICULOPATHY, LUMBAR REGION	NEUROLOGY	Approved	1		0		0
NULL	RADICULOPATHY, LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
NULL	RADICULOPATHY, LUMBAR REGION	PHYSICAL THERAPY	Approved	1		0		0
NULL	RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE/REHAB	Approved	1		0		0
NULL	RADICULOPATHY, LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
NULL	RAISED ANTIBODY TITER	RHEUMATOLOGY	Approved	1		0		0
NULL	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	DERMATOLOGY	Approved	8		0		0
NULL	RECTOCELE	GASTROENTEROLOGY	Approved	1		0		0
NULL	RECURRENT AND PERSISTENT HEMATURIA W OTH MORPHOLOGIC CHANGES	NEPHROLOGY	Approved	1		0		0
NULL	REPEATED FALLS	NEUROLOGY	Approved	1		0		0
NULL	REPEATED FALLS	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	RESPIRATORY TUBERCULOSIS UNSPECIFIED	PULMONARY MEDICINE	Approved	2		0		0
NULL	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	RHEUMATOLOGY	Approved	2		0		0
NULL	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	Approved	2		0		0
NULL	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF HAND	RHEUMATOLOGY	Approved	1		0		0
NULL	RIGHT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	GENERAL SURGERY	Approved	1		0		0
NULL	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	2		0		0
NULL	RIGHT UPPER QUADRANT PAIN	GENERAL SURGERY	Approved	1		0		0
NULL	ROSACEA, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
NULL	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	SARCOIDOSIS OF LUNG	PULMONARY MEDICINE	Approved	2		0		0
NULL	SCAR CONDITIONS AND FIBROSIS OF SKIN	DERMATOLOGY	Approved	1		0		0
NULL	SCIATICA, LEFT SIDE	PAIN MANAGEMENT	Approved	3		0		0
NULL	SEBACEOUS CYST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	SEBORRHEIC DERMATITIS, UNSPECIFIED	DERMATOLOGY	Approved	3		0		0
NULL	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	3		0		0

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NULL	SHORTNESS OF BREATH	PULMONARY MEDICINE	Approved	1		0		0
NULL	SIALOADENITIS, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	SLEEP APNEA	PULMONARY MEDICINE	Approved	1		0		0
NULL	SLEEP APNEA, UNSPECIFIED	NEUROLOGY	Approved	1		0		0
NULL	SLEEP APNEA, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
NULL	SNORING	OTOLARYNGOLOGY	Approved	2		0		0
NULL	SOLITARY PULMONARY NODULE	PULMONARY MEDICINE	Approved	1		0		0
NULL	SPINAL STENOSIS, CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
NULL	SPINAL STENOSIS, SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
NULL	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	2		0		0
NULL	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
NULL	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PHYSICAL MEDICINE/REHAB	Approved	1		0		0
NULL	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT FOREARM	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	DERMATOLOGY	Approved	2		0		0
NULL	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	HOSPITAL	Approved	1		0		0
NULL	STRESS INCONTINENCE (FEMALE) (MALE)	UROLOGY	Approved	3		0		0
NULL	SUBACUTE OSTEOMYELITIS, LEFT FEMUR	INFECTIOUS DISEASE	Approved	3		0		0
NULL	SUBSEROSAL LEIOMYOMA OF UTERUS	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	SUDDEN IDIOPATHIC HEARING LOSS, UNSPECIFIED EAR	OTOLARYNGOLOGY	Approved	1		0		0
NULL	SUPERFICIAL FOREIGN BODY, RIGHT GREAT TOE, INITIAL ENCOUNTER	GENERAL SURGERY	Approved	1		0		0
NULL	SYMPATHETIC UVEITIS, BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
NULL	SYNCOPE AND COLLAPSE	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
NULL	TACHYCARDIA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	TESTICULAR HYPOFUNCTION	UROLOGY	Approved	2		0		0
NULL	THYROIDITIS, UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
NULL	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS	ENDOCRINOLOGY	Approved	3		0		0
NULL	THYROTOXICOSIS, UNSP WITHOUT THYROTOXIC CRISIS OR STORM	ENDOCRINOLOGY	Approved	1		0		0
NULL	TINEA CRURIS	UROLOGY	Approved	1		0		0
NULL	TINEA PEDIS	PODIATRY	Approved	1		0		0
NULL	TINEA UNGUIUM	DERMATOLOGY	Approved	1		0		0
NULL	TINEA UNGUIUM	PODIATRY	Approved	1		0		0
NULL	TINNITUS	OTOLARYNGOLOGY	Approved	1		0		0
NULL	TINNITUS, UNSPECIFIED EAR	OTOLARYNGOLOGY	Approved	1		0		0
NULL	TRAUM SUBDR HEM W LOC OF 30 MINUTES OR LESS, SUBS	NEUROSURGERY	Approved	1		0		0
NULL	TRAUMATIC ISCHEMIA OF MUSCLE, INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
NULL	TRIGEMINAL NEURALGIA	NEUROLOGY	Approved	1		0		0
NULL	TRIGGER FINGER, LEFT MIDDLE FINGER	PLASTIC SURGERY	Approved	1		0		0
NULL	TRIGGER FINGER, RIGHT MIDDLE FINGER	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	TRIGGER FINGER, RIGHT MIDDLE FINGER	RHEUMATOLOGY	Approved	1		0		0
NULL	TRIGGER THUMB, UNSPECIFIED THUMB	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY	Approved	1		0		0

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NULL	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	Approved	5		0		0
NULL	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	6		0		0
NULL	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	OPHTHALMOLOGY	Approved	3		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	NEPHROLOGY	Approved	1		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	OPHTHALMOLOGY	Approved	1		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	ENDOCRINOLOGY	Approved	2		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	RHEUMATOLOGY	Approved	1		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY	Approved	3		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	OPHTHALMOLOGY	Approved	5		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	ENDOCRINOLOGY	Approved	1		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	ENDOCRINOLOGY	Approved	1		0		0
NULL	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	OPHTHALMOLOGY	Approved	1		0		0
NULL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
NULL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY	Approved	7		0		0
NULL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	NEPHROLOGY	Approved	2		0		0
NULL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	OPHTHALMOLOGY	Approved	13		0		0
NULL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	PODIATRY	Approved	2		0		0
NULL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	VASCULAR SURGERY	Approved	1		0		0
NULL	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
NULL	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	GENERAL SURGERY	Approved	1		0		0
NULL	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	1		0		0
NULL	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
NULL	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	RHEUMATOLOGY	Approved	1		0		0
NULL	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	3		0		0
NULL	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	Approved	1		0		0
NULL	UNQUALIFIED VISUAL LOSS, LEFT EYE, NORMAL VISION RIGHT EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	UNSP FOREIGN BODY IN ESOPHAGUS CAUSING OTHER INJURY, SEQUELA	GASTROENTEROLOGY	Approved	1		0		0
NULL	UNSP FRACTURE OF RIGHT FOOT, SUBS FOR FX W NONUNION	PHYSICAL THERAPY	Approved	1		0		0
NULL	UNSP OPEN WOUND OF UNSP TOE(S) W/O DAMAGE TO NAIL, INIT	HOSPITAL	Approved	1		0		0
NULL	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	UNSP ROTATR-CUFF TEAR/RUPTR OF UNSP SHOULDER, NOT TRAUMA	ORTHOPEDIC SURGERY	Approved	1		0		0

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NULL	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	3		0		0
NULL	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
NULL	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	HOSPITAL	Approved	1		0		0
NULL	UNSPECIFIED ASTHMA, UNCOMPLICATED	PULMONARY MEDICINE	Approved	2		0		0
NULL	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	Approved	1		0		0
NULL	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR SURGERY	Approved	4		0		0
NULL	UNSPECIFIED ATRIAL FLUTTER	CARDIOVASCULAR SURGERY	Approved	2		0		0
NULL	UNSPECIFIED CATARACT	OPHTHALMOLOGY	Approved	6		0		0
NULL	UNSPECIFIED CHORIORETINAL INFLAMMATION, BILATERAL	OPHTHALMOLOGY	Approved	3		0		0
NULL	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	3		0		0
NULL	UNSPECIFIED DISORDER OF EAR, UNSPECIFIED EAR	OTOLARYNGOLOGY	Approved	2		0		0
NULL	UNSPECIFIED DISORDER OF EYE AND ADNEXA	OPHTHALMOLOGY	Approved	2		0		0
NULL	UNSPECIFIED GLAUCOMA	OPHTHALMOLOGY	Approved	4		0		0
NULL	UNSPECIFIED HEARING LOSS, BILATERAL	OTOLARYNGOLOGY	Approved	5		0		0
NULL	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	AUDIOLOGY	Approved	1		0		0
NULL	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	OTOLARYNGOLOGY	Approved	2		0		0
NULL	UNSPECIFIED HEMORRHOIDS	GASTROENTEROLOGY	Approved	1		0		0
NULL	UNSPECIFIED INJURY OF NOSE, INITIAL ENCOUNTER	PLASTIC SURGERY	Approved	1		0		0
NULL	UNSPECIFIED INTERNAL DERANGEMENT OF UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
NULL	UNSPECIFIED LUMP IN BREAST	GENERAL SURGERY	Approved	1		0		0
NULL	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	GENERAL SURGERY	Approved	1		0		0
NULL	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
NULL	UNSPECIFIED LUMP IN THE RIGHT BREAST, UPPER OUTER QUADRANT	GENERAL SURGERY	Approved	1		0		0
NULL	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	GENERAL SURGERY	Approved	1		0		0
NULL	UNSPECIFIED MACULAR DEGENERATION	OPHTHALMOLOGY	Approved	1		0		0
NULL	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED	MEDICAL ONCOLOGY	Approved	1		0		0
NULL	UNSPECIFIED MASTOIDITIS, RIGHT EAR	OTOLARYNGOLOGY	Approved	1		0		0
NULL	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	RHEUMATOLOGY	Approved	1		0		0
NULL	UNSPECIFIED OVARIAN CYST, LEFT SIDE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	OTOLARYNGOLOGY	Approved	1		0		0
NULL	UNSPECIFIED RENAL COLIC	UROLOGY	Approved	1		0		0
NULL	UNSPECIFIED VISUAL DISTURBANCE	OPHTHALMOLOGY	Approved	5		0		0
NULL	UNSPECIFIED VISUAL LOSS	OPHTHALMOLOGY	Approved	2		0		0
NULL	UPPER ABDOMINAL PAIN, UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
NULL	URGE INCONTINENCE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	URINARY TRACT INFECTION, SITE NOT SPECIFIED	UROLOGY	Approved	3		0		0
NULL	URTICARIA, UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	3		0		0
NULL	URTICARIA, UNSPECIFIED	DERMATOLOGY	Approved	4		0		0
NULL	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIO-THORACIC SURGERY	Approved	1		0		0
NULL	VARICOSE VEINS OF RIGHT LOWER EXTREMITY W ULCER OF UNSP SITE	VASCULAR SURGERY	Approved	1		0		0

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NULL	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIO-THORACIC SURGERY	Approved	1		0		0
NULL	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR SURGERY	Approved	1		0		0
NULL	VENTRAL HERNIA	GENERAL SURGERY	Approved	1		0		0
NULL	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	1		0		0
NULL	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR SURGERY	Approved	2		0		0
NULL	VIRAL WART, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
NULL	VITAMIN D DEFICIENCY, UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
NULL	VITREOUS DEGENERATION, BILATERAL	OPHTHALMOLOGY	Approved	2		0		0
NULL	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	Approved	2		0		0
NULL	VITREOUS HEMORRHAGE, UNSPECIFIED EYE	OPHTHALMOLOGY	Approved	3		0		0
NULL	VULVAR CYST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
NULL	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
NUPLAZID 34 MG CAPSULE	HALLUCINATIONS, UNSPECIFIED	Neurology	Approved	1		0		0
NUPLAZID 34 MG CAPSULE	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Neurology	Denied	1	Services are not medically necessary	1		0
NUPLAZID 34 MG CAPSULE	PARKINSON'S DISEASE	Neurology	Approved	1		0		0
NURSING CARE IN HOME RN	ABNORMAL AUDITORY FUNCTION STUDY	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	ALPHA-1-ANTITRYPSIN DEFICIENCY	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	CARDIAC ARREST, CAUSE UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	CARDIAC ARREST, CAUSE UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	CELLULITIS OF ABDOMINAL WALL	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	CELLULITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
NURSING CARE IN HOME RN	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	CONGENITAL HYPOTONIA	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	CRANIOSYNOSTOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	Ancillary	Denied	2	Services are not medically necessary	2		0
NURSING CARE IN HOME RN	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	DISEASE OF SPINAL CORD, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0

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NURSING CARE IN HOME RN	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	DYSPHAGIA, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
NURSING CARE IN HOME RN	DYSPNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	DYSPNEA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSD ELSWHR	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	Ancillary	Denied	2	Services are not medically necessary	2		0
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	Family Medicine	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	FALL ON SIDEWALK CURB	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	FALL ON STAIR/STEP NEC	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	FEEDING DIFFICULTIES	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	FEEDING DIFFICULTIES	Ancillary	Denied	2	Services are not medically necessary	2		0
NURSING CARE IN HOME RN	GASTROSTOMY STATUS	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	GASTROSTOMY STATUS	Ancillary	Denied	6	Services are not medically necessary	6		0
NURSING CARE IN HOME RN	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	HYPOPLASTIC LEFT HEART SYNDROME	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	HYPOPLASTIC LEFT HEART SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
NURSING CARE IN HOME RN	HYPOXIC ISCHEMIC ENCEPHALOPATHY [HIE], UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	MALIG NEOPLM OF PRPH NERVES OF UNSP UPPER LIMB, INC SHOULDER	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	MUSCLE WEAKNESS (GENERALIZED)	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	4		0		0
NURSING CARE IN HOME RN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Denied	3	Services are not medically necessary	3		0
NURSING CARE IN HOME RN	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	OTHER ENCEPHALOPATHY	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	3		0		0
NURSING CARE IN HOME RN	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Denied	2	Services are not medically necessary	2		0
NURSING CARE IN HOME RN	POMPE DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Ancillary	Approved	1		0		0

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NURSING CARE IN HOME RN	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	SCHIZOPHRENIA, UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	TACHYCARDIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	TRACHEOSTOMY STATUS	Ancillary	Approved	3		0		0
NURSING CARE IN HOME RN	TRACHEOSTOMY STATUS	Ancillary	Denied	4	Services are not medically necessary	4		0
NURSING CARE IN HOME RN	TRACHEOSTOMY STATUS	Home Health Aide	Denied	2	Services are not medically necessary	2		0
NURSING CARE IN HOME RN	TRAUM SUBDR HEM W LOC OF 1-5 HRS 59 MIN, SEQUELA	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, General	Approved	1		0		0
NURSING CARE IN HOME RN	UNSP INJURY AT UNSP LEVEL OF CERVICAL SPINAL CORD, SUBS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	UNSP INJURY AT UNSP LEVEL OF CERVICAL SPINAL CORD, SUBS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET THOR CAV, INIT	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	UNSPECIFIED CONVULSIONS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	UNSPECIFIED CONVULSIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	VENTRICULAR SEPTAL DEFECT	Ancillary	Approved	1		0		0
NURSING CARE, IN THE HOME; B	CELLULITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE, IN THE HOME; B	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
NURSING CARE, IN THE HOME; B	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE, IN THE HOME; B	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	Home Health Aide	Approved	1		0		0
NURSING CARE, IN THE HOME; B	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	Home Health Aide	Denied	1	Services are not medically necessary	1		0
NURSING CARE, IN THE HOME; B	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	Family Medicine	Denied	1	Services are not medically necessary	1		0
NURSING CARE, IN THE HOME; B	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE, IN THE HOME; B	MALIG NEOPLM OF PRPH NERVES OF UNSP UPPER LIMB, INC SHOULDER	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE, IN THE HOME; B	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE, IN THE HOME; B	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
NURSING CARE, IN THE HOME; B	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Ancillary	Approved	1		0		0
NURSING CARE, IN THE HOME; B	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE, IN THE HOME; B	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, General	Approved	1		0		0
NURSING CARE, IN THE HOME; B	VENTRICULAR SEPTAL DEFECT	Ancillary	Approved	1		0		0
NURSING FAC CARE SUBSEQ	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Facility	Approved	2		0		0
NURSING FACILITY CARE INIT	PERSONAL HISTORY OF BENIGN NEOPLASM OF THE BRAIN	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NURSING FACILITY CARE, INIT	E11.9 - Diabetes (HCC); G40.909 - Seizure disorder (HCC); L97.419 - Heel ulceration, right, with unspecified severity (HCC); N18.6 - End stage renal disease; R00.0 - Tachycardia, unspecified; R79.89 - Other specified abnormal findings of blood chemistr	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NURSING FACILITY CARE, INIT	G04.90 - Encephalitis and encephalomyelitis, unspecified	Neurology	Approved	1		0		0
NURSING FACILITY CARE, INIT	J18.9 - Pneumonia involving right lung	Hospitalist	Denied	1	Services are not medically necessary	1		0
NURSING FACILITY CARE, INIT	J96.90 - Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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NURSING FACILITY CARE, INIT	R53.81 - Other malaise	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NURSING FACILITY CARE, INIT	R53.81 - Other malaise	Psychiatry & Neurology-Neurology	Denied	1	Services are not medically necessary	1		0
NUTRASEB FACIAL CREAM	OTHER SEBORRHEIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
NUTROPIN AQ NUSPIN 10 INJECTOR		Pediatric Nephrology	Denied	1	Services are not medically necessary	1		0
NUTROPIN AQ NUSPIN 10 INJECTOR	ENCOUNTER FOR AFTERCARE FOLLOWING KIDNEY TRANSPLANT	Pediatric Nephrology	Denied	1	Services are not medically necessary	1		0
NUVARING VAGINAL RING	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Physician	Approved	1		0		0
NUVIGIL	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Pediatric Endocrinology		0		0	Approved	1
NUVIGIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
NUVIGIL 150 MG TABLET	IDIOPATHIC HYPERSOMNIA WITHOUT LONG SLEEP TIME	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
NUVIGIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Hematology	Approved	1		0		0
NUVIGIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
NUVIGIL 200 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Denied	1	Services are not medically necessary	1		0
NUVIGIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
NUVIGIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
NUVIGIL 250 MG TABLET	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
NUVIGIL 250 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Neurology	Approved	1		0		0
NUVIGIL 250 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Denied	1	Services are not medically necessary	1		0
NUVIGIL 250 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
NUVIGIL 250 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
NUVIGIL 50 MG TABLET	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
NUVIGIL 50 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
NUZYRA	MYCOBACTERIAL INFECTION, UNSPECIFIED	Physician Assistant		0		0	Approved	1
NUZYRA 150 MG TABLET	MYCOBACTERIAL INFECTION, UNSPECIFIED	Infectious Disease	Approved	1		0		0
NUZYRA 150 MG TABLET	MYCOBACTERIAL INFECTION, UNSPECIFIED	Infectious Disease	Denied	2	Services are not medically necessary	2		0
NVR CNDJ TST 1-2 STUDIES	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	AUTOIMMUNE THYROIDITIS	Physical Medicine	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	MALIGNANT NEOPLASM OF THYROID GLAND	Physical Medicine	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	2		0		0
NVR CNDJ TST 1-2 STUDIES	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Physical Medicine	Approved	2		0		0
NVR CNDJ TST 1-2 STUDIES	NONTOXIC GOITER, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	NONTOXIC GOITER, UNSPECIFIED	Physical Medicine	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	NONTOXIC SINGLE THYROID NODULE	Physical Medicine	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
OASIS WOUND MATRIX	NON-PRS CHR ULCER OF RIGHT HEEL AND MIDFT W FAT LAYER EXPOS	Facility	Approved	1		0		0
OASIS WOUND MATRIX	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
OASIS WOUND MATRIX	UNSPECIFIED OPEN WOUND, LEFT FOOT, SUBSEQUENT ENCOUNTER	Podiatry	Approved	1		0		0

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OB US < 14 WKS, SINGLE FETUS; OFFICE/OUTPATIENT VISIT, NEW	O09.291 - Supervision of pregnancy with other poor reproductive or obstetric history, first trimester; Z86.32 - Personal history of gestational diabetes	OB/Gyn	Approved	1		0		0
OB US < 14 WKS, SINGLE FETUS; OFFICE/OUTPATIENT VISIT, NEW	O09.529 - AMA (advanced maternal age) multigravida 35+; O24.111 - Pre-existing type 2 diabetes mellitus in pregnancy in first trimester	OB/Gyn	Approved	1		0		0
OB US >= 14 WKS, SNGL FETUS; OFFICE/OUTPATIENT VISIT, NEW	O12.03 - Edema in pregnancy, third trimester; O36.5990 - IUGR (intrauterine growth restriction) affecting care of mother, unspecified trimester, not applicable or unspecified fetus	OB/Gyn	Approved	1		0		0
OB US, FOLLOW-UP, PER FETUS; OB US >= 14 WKS, SNGL FETUS; FETAL BIOPHYS PROFIL W/O NST; UMBILICAL	O10.012 - Pre-existing essential hypertension complicating pregnancy, second trimester	OB/Gyn	Approved	1		0		0
OB US, FOLLOW-UP, PER FETUS; OFFICE/OUTPATIENT VISIT, NEW	Z36.0 - Encounter for antenatal screening for chromosomal anomalies	OB/Gyn	Approved	1		0		0
OBSERV/HOSP SAME DATE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	ACIDOSIS	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	ACUTE APPENDICITIS WITH GEN PERITONITIS, WITHOUT ABSCESS	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	ACUTE PYELONEPHRITIS	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	ATRIAL SEPTAL DEFECT	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	CELLULITIS OF LEFT LOWER LIMB	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	CELLULITIS OF RIGHT LOWER LIMB	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	CHEST PAIN, UNSPECIFIED	Facility	Approved	9		0		0
OBSERV/HOSP SAME DATE	CONSTIPATION, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	DYSURIA	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	END STAGE RENAL DISEASE	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	FEVER, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	GENERALIZED ABDOMINAL PAIN	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	GENERALIZED ENLARGED LYMPH NODES	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	HEART FAILURE, UNSPECIFIED	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	HYPERGLYCEMIA, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	HYPERTENSIVE URGENCY	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0

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OBSERV/HOSP SAME DATE	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	MALIGNANT NEOPLASM OF BRAIN STEM	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	MILD HYPEREMESIS GRAVIDARUM	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	MUSCLE WEAKNESS (GENERALIZED)	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	3		0		0
OBSERV/HOSP SAME DATE	OSTEOGENESIS IMPERFECTA	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	OTH DISEASES AND CONDITIONS COMPL PREG/CHLDBRTH	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	OTHER ASCITES	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	OTHER ENTHESOPATHY OF LEFT FOOT AND ANKLE	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	OTHER ESOPHAGITIS	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	PAIN IN UNSPECIFIED TOE(S)	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	PERSONAL HISTORY OF PULMONARY EMBOLISM	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	RHABDOMYOLYSIS	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	RIGHT UPPER QUADRANT PAIN	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	SHORTNESS OF BREATH	Facility	Approved	3		0		0
OBSERV/HOSP SAME DATE	SYNCOPE AND COLLAPSE	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	UNSPECIFIED ACUTE APPENDICITIS	Facility	Approved	2		0		0
OBSERV/HOSP SAME DATE	UNSPECIFIED APPENDICITIS	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	1		0		0
OBSERV/HOSP SAME DATE	WEAKNESS	Facility	Approved	2		0		0
OBSERVATION CARE DISCHARGE	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	2		0		0
OBSTETRICAL CARE	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	Ancillary	Denied	2	Services are not medically necessary	2		0
OBSTETRICAL CARE	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Facility	Denied	2	Services are not medically necessary	2		0
OBSTETRICAL CARE	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Ancillary	Denied	2	Services are not medically necessary	2		0
OBSTETRICAL CARE	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Ancillary	Denied	4	Services are not medically necessary	4		0
OBSTETRICAL CARE	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Family Medicine	Denied	1	Services are not medically necessary	1		0
OBSTETRICAL CARE	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Maternal And Fetal Medicine	Approved	1		0		0
OBSTETRICAL CARE	O99.89, Q24.9 - Congenital heart disease in pregnancy	OB/Gyn	Approved	1		0		0
OBSTETRICAL CARE	OTHER SPECIFIED RESPIRATORY DISORDERS	Ancillary	Approved	1		0		0
OBSTETRICAL CARE; INITIAL HOSPITAL CARE	Z34.00 - Encounter for supervision of normal first pregnancy, unspecified trimester	OB/Gyn	Approved	1		0		0
OICALIVA 5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Approved	1		0		0
OICALIVA 5 MG TABLET	PRIMARY BILIARY CIRRHOSIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OCCUPATIONAL THERAPY, IN THE	CELLULITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
OCCUPATIONAL THERAPY, IN THE	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	1		0		0

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OCCUPATIONAL THERPAY EVALUATION, MODERATE COMPLEXITY	C71.9 - Glioblastoma multiforme (HCC); D49.6 - Neoplasm of brain (HCC); H54.7 - Unspecified visual loss	Pediatrics	Approved	1		0		0
OCREVUS	Multiple sclerosis	Sleep Medicine		0		0	Approved	2
OCREVUS 300 MG/10 ML VIAL	MULTIPLE SCLEROSIS	Family Medicine	Approved	1		0		0
OCREVUS 300 MG/10 ML VIAL	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
OCTAGAM INJECTION	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Oncology	Approved	1		0		0
OCTAGAM INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Clinical Neurophysiology	Approved	3		0		0
OCTAGAM INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Pediatrics	Denied	1	Services are not medically necessary	1		0
OCTAGAM INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Internal Medicine	Approved	1		0		0
OCTAGAM INJECTION	HEREDITARY HYPOGAMMAGLOBULINEMIA	Hematology	Approved	3		0		0
OCTAGAM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Oncology	Denied	1	Services are not medically necessary	1		0
OCTAGAM INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Hematology	Approved	1		0		0
OCTAGAM INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Infectious Disease	Approved	1		0		0
OCTAGAM INJECTION	OTHER FORMS OF DYSPNEA	Oncology	Approved	1		0		0
OCTAGAM INJECTION	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	1		0		0
OCTAGAM INJECTION	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Hematology	Denied	1	Services are not medically necessary	1		0
OCTAGAM INJECTION	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Internal Medicine	Approved	1		0		0
OCTAGAM INJECTION	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Oncology	Approved	1		0		0
OCTREOTIDE	HYPOGLYCEMIA, UNSPECIFIED	Oncology		0		0	Approved	1
OCTREOTIDE ACET 0.05 MG/ML VL	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OCTREOTIDE ACET 100 MCG/ML AMP	MALIGNANT NEOPLASM OF THYROID GLAND	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OCTREOTIDE ACET 500 MCG/ML SYR	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Approved	1		0		0
OCTREOTIDE ACET 500 MCG/ML VL	HYPOGLYCEMIA, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
OCTREOTIDE INJ, NON-DEPOT	BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSP PORTION	Family Medicine	Approved	1		0		0
OCTREOTIDE INJ, NON-DEPOT	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
OCTREOTIDE INJECTION, DEPOT	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	Ancillary	Approved	1		0		0
OCTREOTIDE INJECTION, DEPOT	CYST OF PANCREAS	Facility	Approved	1		0		0
OCTREOTIDE INJECTION, DEPOT	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
OCTREOTIDE INJECTION, DEPOT	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	Family Medicine	Approved	1		0		0
OCTREOTIDE INJECTION, DEPOT	MALIGNANT CARCINOID TUMOR OF THE MIDGUT, UNSPECIFIED	Family Medicine	Approved	1		0		0
OCTREOTIDE INJECTION, DEPOT	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Ancillary	Approved	1		0		0
OCTREOTIDE INJECTION, DEPOT	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
OCULAR RECONST TRANSPLANT	UNSPECIFIED DISORDER OF CONJUNCTIVA	Ancillary	Approved	1		0		0
ODACTRA 12 SQ-HDM SL TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0
ODACTRA 12 SQ-HDM SL TABLET	ALLERGY, UNSPECIFIED, SUBSEQUENT ENCOUNTER	Allergy/Immunology	Approved	1		0		0
ODACTRA 12 SQ-HDM SL TABLET	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Allergy & Immunology	Approved	1		0		0
ODEFSEY TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	3		0		0
ODEFSEY TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
OFATUMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Facility	Approved	1		0		0

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OFEV	IDIOPATHIC PULMONARY FIBROSIS	Endocrinology And Metabolism		0		0	Approved	1
OFEV 100 MG CAPSULE	IDIOPATHIC PULMONARY FIBROSIS	Critical Care Medicine	Approved	1		0		0
OFEV 100 MG CAPSULE	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Approved	1		0		0
OFEV 100 MG CAPSULE	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Denied	2	Services are not medically necessary	2		0
OFEV 150 MG CAPSULE	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Approved	6		0		0
OFEV 150 MG CAPSULE	IDIOPATHIC PULMONARY FIBROSIS	Pulmonary Disease	Denied	2	Services are not medically necessary	2		0
OFFICE CONSULTATION	C54.1 - Endometrial adenocarcinoma (HCC); N92.0 - Menorrhagia	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	C56.9 - Malignant neoplasm of unspecified ovary	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	C79.9 - Secondary malignant neoplasm of unspecified site	Hematology/Oncology	Approved	1		0		0
OFFICE CONSULTATION	C79.9, C54.1 - Cancer involving organ by non-direct metastasis from endometrium (HCC)	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	D25.0 - Submucous leiomyoma of uterus; D25.1 - Intramural leiomyoma of uterus; D25.2 - Subserosal leiomyoma of uterus; N93.9 - Abnormal uterine and vaginal bleeding, unspecified	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	D25.9 - Uterine fibroid; N94.89 - Adnexal mass; R97.1 - Elevated CA-125	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	E23.6 - Other disorders of pituitary gland	Endocrinology	Approved	1		0		0
OFFICE CONSULTATION	E66.01 - Morbid (severe) obesity due to excess calories	Internal Medicine	Approved	1		0		0
OFFICE CONSULTATION	E78.5 - Hyperlipidemia, unspecified; R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension	Pediatrics	Approved	1		0		0
OFFICE CONSULTATION	F95.2 - Tourette's disorder	Neurology	Approved	1		0		0
OFFICE CONSULTATION	G90.3 - Multi-system degeneration of the autonomic nervous system	Neurology	Approved	1		0		0
OFFICE CONSULTATION	G95.9 - Cervical myelopathy (HCC)	Family Medicine	Approved	1		0		0
OFFICE CONSULTATION	HYPOXEMIA	Facility	Approved	1		0		0
OFFICE CONSULTATION	I83.811 - Varicose veins of right lower extremity with pain	Internal Medicine	Approved	1		0		0
OFFICE CONSULTATION	I83.893 - Varicose veins of bilateral lower extremities with other complications	Family Medicine	Approved	1		0		0
OFFICE CONSULTATION	ILLNESS, UNSPECIFIED	Facility	Approved	1		0		0
OFFICE CONSULTATION	K59.00 - Constipation, unspecified	Pediatrics	Approved	1		0		0
OFFICE CONSULTATION	K63.1 - Perforation of intestine (nontraumatic)	Pediatrics	Approved	1		0		0
OFFICE CONSULTATION	K83.8 - Other specified diseases of biliary tract; K86.89 - Other specified diseases of pancreas; R93.3 - Abnormal findings on diagnostic imaging of other parts of digestive tract	Gastroenterology	Approved	1		0		0
OFFICE CONSULTATION	LOCALIZED SCLERODERMA [MORPHEA]	Facility	Approved	1		0		0
OFFICE CONSULTATION	N18.3 - Chronic kidney disease, stage III (moderate) (HCC); R79.89 - Other specified abnormal findings of blood chemistry	Family Medicine	Approved	1		0		0
OFFICE CONSULTATION	N35.911 - Unspecified urethral stricture, male, meatal	Urology	Approved	1		0		0
OFFICE CONSULTATION	N81.2 - Incomplete uterovaginal prolapse	Urology	Approved	1		0		0
OFFICE CONSULTATION	N92.6 - Irregular menstruation; N97.0 - Anovulation	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	O41.03X0 - Oligohydramnios in third trimester	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	Q52.3 - Imperforate hymen	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	R25.1 - Tremor, unspecified	Neurology	Approved	1		0		0
OFFICE CONSULTATION	R97.20 - Elevated prostate specific antigen (PSA); Z98.890 - Other specified postprocedural states	Urology	Approved	1		0		0
OFFICE CONSULTATION	Z31.69 - Infertility counseling	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION	Z31.69 - Procreative management counseling	OB/Gyn	Approved	1		0		0

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OFFICE CONSULTATION	Z71.0 - Discussion about advance care planning held with family member	Oral Surgery	Approved	1		0		0
OFFICE CONSULTATION; ELECTROCARDIOGRAM REPORT; ELECTROCARDIOGRAM, TRACING; ECHO TRANSTHORACIC; DOP	R01.1 - Cardiac murmur, unspecified	Nurse Practitioner	Approved	1		0		0
OFFICE CONSULTATION; NEUROPSYCHOLOGICAL TESTING EVALUATION, FIRST HOUR; NEUROPSYCHOLOGICAL TESTING	F32.9 - Depression, unspecified depression type	Internal Medicine	Approved	1		0		0
OFFICE CONSULTATION; NEUROPSYCHOLOGICAL TESTING EVALUATION, FIRST HOUR; NEUROPSYCHOLOGICAL TESTING	R41.3 - Other amnesia	Neurology	Approved	1		0		0
OFFICE CONSULTATION; OB US >= 14 WKS, SNGL FETUS	E11.9, Z79.4 - Type 2 diabetes mellitus treated with insulin (HCC); O09.511 - Supervision of elderly primigravida, first trimester; O24.111 - Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester; O99.841 - Bariatric surgery status compl	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION; OB US >= 14 WKS, SNGL FETUS	O09.292 - Supervision of pregnancy with other poor reproductive or obstetric history, second trimester; O09.292 - Supervision of pregnancy with other poor reproductive or obstetric history, second trimester; O24.112 - Pre-existing type 2 diabetes melli	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION; OB US >= 14 WKS, SNGL FETUS	O45.92 - Antepartum placental abruption in second trimester; S39.91XA - Blunt trauma to abdomen	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION; OB US >= 14 WKS, SNGL FETUS; AMNIOCENTESIS, DIAGNOSTIC	O28.5 - Abnormal genetic test during pregnancy; Q91.3 - Trisomy 18	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, EST	F84.0 - Active autistic disorder	Pediatrics	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, EST; OB US, FOLLOW-UP, PER FETUS; FETAL BIOPHYS PROF	O36.5913 - Intrauterine growth restriction (IUGR) affecting care of mother, first trimester, fetus 3	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	C18.7 - Malignant neoplasm of sigmoid colon; C78.7 - Secondary malignant neoplasm of liver and intrahepatic bile duct	Hematology/Oncology	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	C18.9 - Malignant neoplasm of colon, unspecified; C77.2 - Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Hematology/Oncology	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	C18.9 - Malignant neoplasm of colon, unspecified; C78.7 - Secondary malignant neoplasm of liver and intrahepatic bile duct	Hematology/Oncology	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	C22.1 - Intrahepatic bile duct carcinoma	Hematology/Oncology	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	C90.00 - Multiple myeloma not having achieved remission	Hematology/Oncology	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	G62.9 - Polyneuropathy, unspecified	Neurology	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	R19.00 - Intra-abdominal and pelvic swelling, mass and lump, unspecified site	OB/Gyn	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW	Z85.46 - H/O prostate cancer	Urology	Approved	1		0		0
OFFICE CONSULTATION; OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	E87.70 - Hypervolemia; I50.9 - CHF (congestive heart failure) (HCC); R80.9 - Proteinuria	Cardiology	Approved	1		0		0
OFFICE CONSULTATION; X-RAY HEAD FOR ORTHODONTIA	M26.4 - Malocclusion, unspecified	Family Medicine	Approved	1		0		0
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION O	ENCOUNTER FOR FERTILITY TESTING	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O		Nurse Practitioner		0		0	Denied	1

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OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O	Encounter for full-term uncomplicated delivery	Family Medicine		0		0	Denied	1
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	Endocrinology And Metabolism		0		0	Denied	1
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Psychiatry		0		0	Approved	1
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O	Malignant neoplasm of lower-outer quadrant of right female breast	Counseling		0		0	Approved	1
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O	Type 2 diabetes mellitus with hyperglycemia	Dermatology		0		0	Denied	1
OFFICE/OUTPATIENT VISIT EST	ACQUIRED STENOSIS OF BILATERAL NASOLACRIMAL DUCT	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ACUTE KIDNEY FAILURE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Cardiac Electrophysiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ACUTE STRESS REACTION	Surgery, Oral And Maxillofacial	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ACUTE VIRAL HEPATITIS, UNSPECIFIED	Surgery, Neurological	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	AGE-RELATED NUCLEAR CATARACT, BILATERAL	OPHTHALMOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ophthalmology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ALLERGIC RHINITIS, UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT EST	AMENORRHEA, UNSPECIFIED	NULL	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ANKYLOGLOSSIA	Dentistry	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ANXIETY DISORDER, UNSPECIFIED	Anesthesiology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ARTHRODESIS STATUS	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	HOSPITAL	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	AUTISTIC DISORDER	Ancillary	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	AUTOIMMUNE THYROIDITIS	ENDOCRINOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	BASAL CELL CARCINOMA SKIN/ R EAR AND EXTERNAL AURIC CANAL	DERMATOLOGY	Denied	1	Services can be provided by in-network provider	1		0

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OFFICE/OUTPATIENT VISIT EST	BODY MASS INDEX (BMI) 35.0-35.9, ADULT	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	BODY MASS INDEX (BMI) 35.0-35.9, ADULT	PLASTIC SURGERY	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT EST	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	Family Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	CALCULUS OF KIDNEY	UROLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CARDIAC ARRHYTHMIA, UNSPECIFIED	Pediatric Cardiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	NEUROLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	NEUROLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CEREBRAL ANEURYSM, NONRUPTURED	NEUROSURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CERVICAL DISC DISORDER, UNSP, UNSPECIFIED CERVICAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	NEPHROLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	CHRONIC PAIN SYNDROME	OTOLARYNGOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Surgery, Plastic	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	CLEFT HARD PALATE WITH BILATERAL CLEFT LIP	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CLEFT HARD PALATE WITH BILATERAL CLEFT LIP	Dentistry	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	CLEFT SOFT PALATE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	COMBINED FORMS OF AGE-RELATED CATARACT	OPHTHALMOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	COMPLICATION OF VEIN FOLLOWING A PROCEDURE, NEC, INIT	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	CONVERGENCE INSUFFICIENCY	Optometry	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	CRANIOSYNOSTOSIS	Surgery, Plastic	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	CRANIOSYNOSTOSIS	Surgery, Plastic	Denied	3	Services are not medically necessary	3		0
OFFICE/OUTPATIENT VISIT EST	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Rheumatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CYSTOCELE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CYSTOCELE, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	THORACIC SURGERY	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	DISLOCATION OF JAW, UNSPECIFIED SIDE, INITIAL ENCOUNTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	DORSALGIA, UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	DORSALGIA, UNSPECIFIED	Surgery, Neurological	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	DORSALGIA, UNSPECIFIED	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	DYSPHAGIA, OROPHARYNGEAL PHASE	Gastroenterology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	DYSPHAGIA, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	EHLERS-DANLOS SYNDROMES	Genetics	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	Midwifery	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Midwifery	Denied	4	Services are not medically necessary	4		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	Family Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	Midwifery	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	Obstetrics/Gynecology	Approved	5		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	Facility	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	Facility	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Midwifery	Denied	4	Services are not medically necessary	4		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Surgery, Hand	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Surgery, Hand	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR FITTING AND ADJUSTMENT OF ARTIFICIAL RIGHT EYE	Family Medicine	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Midwifery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Midwifery	Denied	5	Services are not medically necessary	5		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, SECOND TRIMESTER	INTERVENTIONAL CARDIOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENLARGED LYMPH NODES, UNSPECIFIED	OTOLARYNGOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ESOPHAGITIS, UNSPECIFIED	Licensed Surgical Assistant	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOVASCULAR SURGERY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT EST	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	FALL RESULTING IN STRIKING OTHER OBJECT	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	FALL RESULTING IN STRIKING OTHER OBJECT	PLASTIC SURGERY	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT EST	FRACTURE OF UNSP PHALANX OF LEFT LITTLE FINGER, INIT	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	FULL-TERM PREMATURE ROM, ONSET LABOR > 24 HOURS FOL RUPTURE	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Surgery, General	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	HEADACHE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	HEADACHE	Surgery, Thoracic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	HEMORRHAGE OF ANUS AND RECTUM	Pediatric Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	NULL	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	HYPOTHYROIDISM, UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Anesthesiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Facility	Approved	3		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Family Medicine	Approved	3		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Pediatric Nephrology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Podiatry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	IMMUNODEFICIENCY, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	IMPACTED TEETH	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	INFLAMMATORY CONDITIONS OF JAWS	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	INTERSTITIAL CYSTITIS (CHRONIC) WITHOUT HEMATURIA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	INTRAMURAL LEIOMYOMA OF UTERUS	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	INTRAOP HEMOR/HEMTOM OF ENDO SYS ORG COMP AN ENDO SYS PROC	Adolescent Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	IRON DEFICIENCY	Pediatric Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Surgery, Neurological	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Neurology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	NEPHROLOGY	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT EST	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	PAIN MANAGEMENT	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	LOW BACK PAIN	CHIROPRACTIC MEDICINE	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LOW BACK PAIN	PHYSICIAN MEDICINE/REHAB	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LOW BACK PAIN	Surgery, General	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Surgery, Plastic	Denied	4	Services are not medically necessary	4		0
OFFICE/OUTPATIENT VISIT EST	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Radiation Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Surgery, General	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT CARCINOID TUMOR OF THE STOMACH	Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF APPENDIX	GENERAL SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	Surgery, Oral And Maxillofacial	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF CECUM	Hematology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF ENDOMETRIUM	Surgical Assistance	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF OVRLP SITES OF UNSP FEMALE BREAST	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF RECTUM	Oncology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Cardiovascular Disease	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MASTODYNIA	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MELANOCYTIC NEVI OF TRUNK	Family Medicine	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	MELANOCYTIC NEVI, UNSPECIFIED	DERMATOLOGY	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT EST	METABOLIC SYNDROME	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	METABOLIC SYNDROME	PLASTIC SURGERY	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT EST	MICROCEPHALY	Surgery, Plastic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MIXED INCONTINENCE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MODERATE ATROPHY OF THE MANDIBLE	Dentistry	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY & IMMUNOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MODERATE VULVAR DYSPLASIA	NULL	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	6		0		0
OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	3	Services are not medically necessary	3		0

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OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Licensed Surgical Assistant	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Multi-Specialty Group	Approved	6		0		0
OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, General	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgical Assistance	Approved	9		0		0
OFFICE/OUTPATIENT VISIT EST	MUCOCELE OF SALIVARY GLAND	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MYALGIA	RHEUMATOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MYALGIA, OTHER SITE	INTERNAL MEDICINE	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MYALGIA, OTHER SITE	NULL	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	NASAL CONGESTION	OTOLARYNGOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NAUSEA WITH VOMITING, UNSPECIFIED	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	OTOLARYNGOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Surgery, Neurological	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W FAT LAYER EXPOSED	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NONSCARRING HAIR LOSS, UNSPECIFIED	DERMATOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NONTOXIC GOITER, UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NONTOXIC GOITER, UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	NONTOXIC MULTINODULAR GOITER	OTOLARYNGOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Anesthesia, Certified RN	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Dentistry	Approved	5		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Dentistry	Denied	16	Services are not medically necessary	16		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Denied	3	Services are not medically necessary	3		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NULL	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY MEDICINE	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OLECRANON BURSITIS, RIGHT ELBOW	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, BILATERAL	OPHTHALMOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	OTALGIA, LEFT EAR	OTOLARYNGOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST		Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTH FRACTURE OF BASE OF SKULL, INIT FOR CLOS FX		Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTH NONINFECTIVE DISORDERS OF LYMPHATIC VESSELS AND NODES	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Nurse Practitioner	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER CHRONIC PAIN	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER CONGENITAL DEFORMITIES OF SKULL, FACE AND JAW	Orthodontics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER DISORDERS OF TOOTH DEVELOPMENT	Dentistry	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	NEUROSURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER MICROSCOPIC HEMATURIA	Cardiovascular Disease	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER SPECIFIED RESPIRATORY DISORDERS	Psychiatry	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT EST	PAIN IN LEFT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN LEFT KNEE	PAIN MANAGEMENT	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN UNSPECIFIED KNEE	NULL	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN, UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PALPITATIONS	CARDIOVASCULAR SURGERY	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT EST	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Multi-Specialty Group	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, General	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Denied	5	Services are not medically necessary	5		0
OFFICE/OUTPATIENT VISIT EST	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PERSONAL HISTORY OF URINARY CALCULI	Urology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	POLYP OF CERVIX UTERI	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	POSTERIOR CYCLITIS, BILATERAL	OPHTHALMOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Anesthesiology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	PRECORDIAL PAIN	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 3	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PRIMARY DYSMENORRHEA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Surgery, General	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Surgery, General	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Dentistry	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, CERVICAL REGION	Anesthesia, Certified RN	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, CERVICAL REGION	INTERNAL MEDICINE	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, CERVICAL REGION	NULL	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, LUMBAR REGION	Surgery, General	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	REACTION TO SEVERE STRESS, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	RECTOCELE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	Approved	3		0		0
OFFICE/OUTPATIENT VISIT EST	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SACROCOCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	4		0		0
OFFICE/OUTPATIENT VISIT EST	SCAR CONDITIONS AND FIBROSIS OF SKIN	DERMATOLOGY	Denied	1	Services can be provided by in-network provider	1		0

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OFFICE/OUTPATIENT VISIT EST	SEC AND UNSP MALIG NEOPLASM OF NODES OF HEAD, FACE AND NECK	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SECONDARY AMENORRHEA	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	SEPSIS DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS	Infectious Disease	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN	Nurse Practitioner	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN	Pediatric Cardiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SKIN TRANSPLANT STATUS	PLASTIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SLEEP APNEA, UNSPECIFIED	Surgery, Colon And Rectal	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	SNORING	NULL	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SPINAL INSTABILITIES, SACRAL AND SACROCOCCYGEAL REGION	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, CERVICAL REGION	Surgical Assistance	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, General	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	RHEUMATOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PAIN MANAGEMENT	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Multi-Specialty Group	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF UNSP KNEE, INIT	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	Surgical Assistance	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, THIRD TRIMESTER	Facility	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, THIRD TRIMESTER	Facility	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, THIRD TRIMESTER	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	OPHTHALMOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL INGUINAL HERNIA, W/O OBST OR GANGRENE, RECURRENT	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Surgical Assistance	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Licensed Surgical Assistant	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Multi-Specialty Group	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PAIN MANAGEMENT	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgical Assistance	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSP FRACTURE OF UPPER END OF RIGHT HUMERUS, INIT	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED DISLOCATION OF LEFT PATELLA, INITIAL ENCOUNTER	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	AUDIOLOGY	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED JAUNDICE	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED LUMP IN THE LEFT BREAST, LOWER INNER QUADRANT	Surgery, General	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Family Medicine	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Surgery, General	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	NULL	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	Surgery, Oral And Maxillofacial	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	VERTIGINOUS SYNDROMES IN DISEASES CLASSD ELSWHR, UNSP EAR	OTOLARYNGOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT NEW	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	DISORDER OF BREAST, UNSPECIFIED	NULL	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT NEW	ENCOUNTER FOR FERTILITY TESTING	Reproductive Endocrinology/Infertility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	ILLNESS, UNSPECIFIED	Other	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	ILLNESS, UNSPECIFIED	Psychiatry	Approved	5		0		0
OFFICE/OUTPATIENT VISIT NEW	INFLAMMATORY CONDITIONS OF JAWS	Dentistry	Approved	2		0		0
OFFICE/OUTPATIENT VISIT NEW	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Surgery, General	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Surgery, Plastic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	NULL	Denied	1	Services can be provided by in-network provider	1		0
OFFICE/OUTPATIENT VISIT NEW	SEC AND UNSP MALIG NEOPLASM OF NODES OF HEAD, FACE AND NECK	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	VERTIGINOUS SYNDROMES IN DISEASES CLASSD ELSWHR, UNSP EAR	OTOLARYNGOLOGY	Approved	2		0		0
OFFICE/OUTPATIENT VISIT, EST	A41.9 - Sepsis, unspecified organism; N39.0 - Urinary tract infection, site not specified	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	C20 - Malignant neoplasm of rectum; N18.3 - Chronic kidney disease, stage 3 (moderate)	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	C49.22 - Liposarcoma of left lower extremity (HCC)	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	C49.22 - Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	C54.1 - Endometrial carcinoma (HCC)	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	C54.1 - Malignant neoplasm of endometrium	Gynecological Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	C54.1 - Malignant neoplasm of endometrium	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	C71.9 - Malignant neoplasm of brain, unspecified	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	D18.00 - Hemangioma unspecified site	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	D48.7 - Neoplasm of uncertain behavior of ocular adnexa	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	D68.0 - Von Willebrand's disease	Pediatric Hematology/Oncology	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, EST	E03.9 - Hypothyroidism, unspecified	Pediatric Endocrinology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E06.3 - Autoimmune hypothyroidism	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E10.65 - Type 1 diabetes mellitus with hyperglycemia	Pediatric Endocrinology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E11.29 - Type 2 diabetes mellitus with other diabetic kidney complication; E11.65 - Type 2 diabetes mellitus with hyperglycemia	Endocrinology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E30.1 - Premature pubarche	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E66.01 - Morbid (severe) obesity due to excess calories; Z98.84 - Bariatric surgery status	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E71.42 - Carnitine deficiency due to inborn errors of metabolism	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E78.5 - Hyperlipidemia, unspecified; R01.1 - Cardiac murmur, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	E87.1 - Hypo-osmolality and hyponatremia	Internal Medicine Nephrology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	F32.9 - Major depressive disorder, single episode, unspecified; F41.9 - Anxiety disorder, unspecified; G25.81 - Restless legs syndrome	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	F84.5 - Asperger's syndrome	Pediatric Developmental	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	F95.2 - Tourette's disorder	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G12.9 - Spinal muscular atrophy, unspecified	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G20 - Parkinson's disease	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G35 - Chronic progressive multiple sclerosis (HCC); R26.9 - Unspecified abnormalities of gait and mobility	Neurosurgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G40.019 - Partial idiopathic epilepsy with seizures of localized onset, intractable, without status epilepticus (HCC)	Psychiatry & Neurology- Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G40.309 - Generalized epilepsy (HCC)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G40.309 - Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus; G40.409 - Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G40.909 - Epilepsy, unspecified, not intractable, without status epilepticus	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G43.009 - Migraine without aura, not intractable, without status migrainosus	Pediatric Neurology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT, EST	G43.009 - Migraine without aura, not intractable, without status migrainosus; G90.9 - Disorder of the autonomic nervous system, unspecified; M54.2 - Cervicalgia	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G43.109 - Migraine with aura, not intractable, without status migrainosus	Pediatric Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	G47.33 - Obstructive sleep apnea (adult) (pediatric)	Pediatric Pulmonary	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	H00.15 - Chalazion left lower eyelid	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	H52.202 - Unspecified astigmatism, left eye; H53.002 - Amblyopia of eye, left	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	H55.00 - Unspecified nystagmus	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	H92.11 - Chronic otorrhea of right ear	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	I48.91 - Unspecified atrial fibrillation	Internal Medicine-Clinical Cardiac electrophysiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	I50.22 - Chronic systolic (congestive) heart failure	Internal Medicine- Cardiovascular Disease	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	I67.1 - Cerebral aneurysm, nonruptured	Neurosurgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	I88.9 - Nonspecific lymphadenitis, unspecified	Otolaryngology	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, EST	K21.9 - Chronic GERD; R10.9 - Abdominal pain in female	Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	K31.9 - Disease of stomach and duodenum, unspecified	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	K59.00 - Constipation, unspecified constipation type; R62.51 - Poor weight gain in pediatric patient; R63.3 - Feeding problem in pediatric patient; Z93.1 - Gastrostomy tube in place (HCC)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	K86.9 - Disease of pancreas, unspecified	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	L20.83 - Infantile (acute) (chronic) eczema	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	L30.9 - Dermatitis	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	M08.3 - Juvenile rheumatoid polyarthritis (seronegative) (HCC)	Pediatric Rheumatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	M41.115 - Juvenile idiopathic scoliosis, thoracolumbar region	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	M70.50 - Pes anserinus bursitis, unspecified laterality	Orthopedic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	N13.70 - Vesicoureteral-reflux, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	N15.9 - Renal tubulo-interstitial disease, unspecified	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	N18.6 - End stage renal disease (HCC)	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	N39.44 - Nocturnal enuresis	Nurse Practitioner	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	N39.44 - Nocturnal enuresis	Urology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	N64.81 - Ptosis of breast; Z85.3 - Personal history of malignant neoplasm of breast; Z90.10 - Acquired absence of unspecified breast and nipple	Plastic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	N92.6 - Irregular menstruation, unspecified	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	O26.879 - Cervix, short (affecting pregnancy); O34.32 - Maternal care for cervical incompetence, second trimester	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	O99.013 - Anemia during pregnancy in third trimester	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q06.8 - Other specified congenital malformations of spinal cord; Q06.9 - Congenital malformation of spinal cord, unspecified	Neurosurgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q36.9 - Nonsyndromic cleft lip	Plastic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q54.0 - Glanular hypospadias	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q66.89 - Other specified congenital deformities of feet	Pediatric Orthopedic Surg	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q75.0 - Craniosynostosis	Plastic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q87.11 - Prader-Willi syndrome	Pediatric Endocrinology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q87.11 - Prader-Willi syndrome	Pediatric Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	Q87.89, Q12.0, Q15.0 - Cataract and glaucoma syndrome	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R05 - Cough	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R06.89 - Other abnormalities of breathing	Pediatric Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R07.1 - Chest pain on breathing	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R11.0 - Moderate nausea	Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R14.0 - Abdominal distension (gaseous)	Pediatric Nutrition and Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R19.7 - Diarrhea, unspecified	Pediatric Nutrition and Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R62.52 - Short stature (child)	Pediatric Endocrinology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	R87.622 - Low grade squamous intraepithelial lesion on cytologic smear of vagina (LGSIL)	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	S12.9XXA - Compression fracture of cervical spine, initial encounter (HCC)	Neurosurgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST	S52.551D - Other extraarticular fracture of lower end of right radius, subsequent encounter for closed fracture with routine healing	Physician Assistant	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, EST	S62.231D - Open fracture of base of first metacarpal of right hand with routine healing	Orthopedic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; COMPLETE CBC W/AUTO DIFF WBC; AUTOMATED RETICULOCYTE COUNT; HEMOGLOB	D70.8 - Other neutropenia; P09 - Abnormal findings on neonatal screening	Pediatric Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; EXTREMITY STUDY	R60.0 - Localized edema	Vascular Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; EXTREMITY STUDY; INJECTION THERAPY OF VEINS	I83.11 - Varicose veins of right lower extremity with inflammation; I83.11 - Varicose veins of right lower extremity with inflammation; M79.605 - Pain in left leg	Vascular Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OB US, FOLLOW-UP, PER FETUS; FETAL BIOPHYS PROFIL W/O NST; UMBILICAL	O09.293 - Supervision of pregnancy with other poor reproductive or obstetric history, third trimester; O09.523 - Supervision of elderly multigravida, third trimester; O36.5930 - Maternal care for other known or suspected poor fetal growth, third trimes	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OB US, LIMITED, FETUS(S); UMBILICAL ARTERY ECHO	E03.9 - Hypothyroidism, unspecified; O36.5920 - Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified; O99.282 - Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimes	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST	G37.9 - Demyelinating disease of central nervous system without symptoms of myelopathy (HCC)	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST	R19.03 - Right lower quadrant abdominal swelling, mass and lump	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST	Q37.5 - Cleft hard and soft palate with unilateral cleft lip	Plastic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST; OFFICE/O	E11.22 - Type 2 diabetes mellitus with diabetic chronic kidney disease; I12.9 - Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease; N18.3 - Chronic kidney disease, stage 3 (mod	Nephrology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST; TRANSVAGINAL US, NON-OB; US EXAM, PELV	Z31.41 - Encounter for fertility testing	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST; TRANSVAGINAL US, OBSTETRIC; ASSAY OF E	O09.01 - Supervision of pregnancy with history of infertility, first trimester	Obstetrics & Gynecology-Reproductive Endocrinology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST; US EXAM, PELVIC, LIMITED; GONADOTROPIN	D25.9 - Leiomyoma of uterus, unspecified; N97.1 - Female infertility of tubal origin; Z31.89 - Encounter for other procreative management	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, EST; US EXAM, PELVIC, LIMITED; GONADOTROPIN	N46.9 - Male infertility, unspecified; Z31.41 - Encounter for fertility testing	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, NEW	C34.91 - Adenocarcinoma of right lung, stage 4 (HCC)	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, NEW	D3A.00 - Benign carcinoid tumor of unspecified site	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, NEW	E10.9 - Type 1 diabetes mellitus without complications	Pediatric Endocrinology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid (severe) obesity due to excess calories	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; OFFICE/OUTPATIENT VISIT, NEW	H90.0 - Conductive hearing loss of both middle ears	Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; PANORAMIC X-RAY OF JAWS	D16.4 - Benign neoplasm of bones of skull and face; Z48.815 - Encounter for surgical aftercare following surgery on the digestive system	Oral Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; PANORAMIC X-RAY OF JAWS	D16.5 - Benign neoplasm of lower jaw bone; K09.0 - Developmental odontogenic cysts	Oral Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; VISUAL FIELD EXAMINATION(S); POST SEG, OPTIC NERVE SCAN COMPUTERIED	M31.6 - Other giant cell arteritis	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, EST; X-RAY EXAM OF FOOT	S92.534B - Nondisplaced fracture of distal phalanx of right lesser toe(s), initial encounter for open fracture	Orthopedic Surgery	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, NEW	B18.1 - Chronic hepatitis B (HCC); C22.0 - Hepatocellular carcinoma (HCC); K74.60, R18.8 - Cirrhosis of liver with ascites (HCC)	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	B37.3 - Vaginal yeast infection	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C09.9 - Tonsil cancer (HCC); C77.0 - Metastasis to cervical lymph node (HCC); Z92.3 - H/O head and neck radiation	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C10.9 - Oropharyngeal cancer (HCC); C77.0 - Metastasis to cervical lymph node (HCC); K02.9 - Caries	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C34.2 - Malignant neoplasm of middle lobe of right lung (HCC)	Pulmonary	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C43.71 - Melanoma of multiple sites of lower extremity, right (HCC)	Internal Medicine-Medical Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C50.919 - Malignant neoplasm of unspecified site of unspecified female breast; N93.9 - Abnormal uterine and vaginal bleeding, unspecified; Z15.02 - Genetic susceptibility to malignant neoplasm of ovary; Z15.09 - Genetic susceptibility to other malignan	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C54.1 - Endometrial adenocarcinoma (HCC)	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C56.9 - Malignant neoplasm of unspecified ovary	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	C77.0 - Metastasis to cervical lymph node (HCC)	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D07.1 - VIN III (vulvar intraepithelial neoplasia III); N90.1 - VIN II (vulvar intraepithelial neoplasia II)	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D21.9 - Fibroid; N97.0 - Anovulation	OB/Gyn	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT, NEW	D23.9 - Other benign neoplasm of skin, unspecified	Physician Assistant	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D25.9 - Fibroid, uterine	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D39.2 - Neoplasm of uncertain behavior of placenta	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D57.40 - Sickle-cell thalassemia without crisis; G44.89 - Other headache syndrome; G89.4 - Chronic pain syndrome	Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D58.2 - Hemoglobin E-E disease (HCC)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D69.3 - Immune thrombocytopenic purpura	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	D70.8 - Other neutropenia	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E03.9 - Hypothyroidism, unspecified; R62.52 - Short stature (child)	Pediatric Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E03.9 - Hypothyroidism, unspecified; R76.8 - Other specified abnormal immunological findings in serum	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E03.9 - Hypothyroidism; E28.2 - PCOS (polycystic ovarian syndrome)	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E04.1 - Nontoxic single thyroid nodule	Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E05.90 - Thyrotoxicosis, unspecified without thyrotoxic crisis or storm; F41.9 - Anxiety disorder, unspecified; R63.4 - Abnormal weight loss	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E06.3 - Hashimoto's disease	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E08.9 - Diabetes mellitus due to underlying condition without complications; E84.9 - Cystic fibrosis, unspecified	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E11.22, N18.4 - CKD stage 4 due to type 2 diabetes mellitus (HCC)	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E11.65 - Uncontrolled type 2 diabetes mellitus with hyperglycemia (HCC); E66.01, Z68.42 - Class 3 severe obesity with serious comorbidity and body mass index (BMI) of 45.0 to 49.9 in adult, unspecified obesity type (HCC)	Endocrinology	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, NEW	E11.69 - Type 2 diabetes mellitus with other specified complication; E66.01 - Morbid (severe) obesity due to excess calories; E78.2 - Mixed hyperlipidemia; I10 - Essential (primary) hypertension; Z68.43 - Body mass index (BMI) 50.0-59.9, adult	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E11.69, E78.5 - DM type 2 with diabetic dyslipidemia (HCC); E66.01, Z68.42 - Morbid obesity with BMI of 45.0-49.9, adult (HCC); G47.33 - OSA (obstructive sleep apnea); I10 - Essential hypertension, benign	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E11.69, I10, E66.9, E11.59 - Obesity, diabetes, and hypertension syndrome (HCC); E11.9, Z79.4 - Insulin dependent diabetes mellitus (HCC); O10.013 - Pre-existing essential hypertension complicating pregnancy in third trimester	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E11.9 - Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC); E66.01 - Morbid obesity (HCC)	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E11.9 - Type 2 diabetes mellitus without complications; Z79.4 - Long term (current) use of insulin	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E21.0 - Primary hyperparathyroidism	Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid (severe) obesity due to excess calories	Internal Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid (severe) obesity due to excess calories; E78.00 - Pure hypercholesterolemia, unspecified; I10 - Essential (primary) hypertension; K21.9 - Gastro-esophageal reflux disease without esophagitis	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid (severe) obesity due to excess calories; G47.30 - Sleep apnea, unspecified; I10 - Essential (primary) hypertension	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid (severe) obesity due to excess calories; R60.9 - Edema, unspecified	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid (severe) obesity due to excess calories; Z68.42 - Body mass index (BMI) 45.0-49.9, adult	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid obesity (HCC)	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Morbid obesity (HCC)	Internal Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Obesity, morbid, BMI 50 or higher (HCC)	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Severe obesity (HCC); I89.0 - Lymphedema	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01, Z68.43 - Class 3 severe obesity with body mass index (BMI) of 50.0 to 59.9 in adult, unspecified obesity type, unspecified whether serious comorbidity present (HCC)	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01, Z68.43 - Morbid obesity with BMI of 50.0-59.9, adult (HCC)	Internal Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.01, Z68.43 - Morbid obesity with BMI of 50.0-59.9, adult (HCC); M25.561, M25.562 - Arthralgia of both knees	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	E66.9 - Obesity, unspecified; G47.30 - Sleep apnea, unspecified; J45.909 - Unspecified asthma, uncomplicated; K21.9 - Gastro-esophageal reflux disease without esophagitis; Z68.37 - Body mass index (bmi) 37.0-37.9, adult; Z83.3 - Family history of diabe	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	F80.4 - Speech and language development delay due to hearing loss	Pediatric Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	F80.9 - Speech delay; F88 - Delayed social and emotional development	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	F84.0 - Active autistic disorder	Pediatrics	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, NEW	F84.0 - Autistic disorder; R56.9 - Unspecified convulsions	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	F88 - Sensory processing difficulty	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G20 - Parkinson disease (HCC)	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G35 - Chronic progressive multiple sclerosis (HCC); R47.1 - Severe dysarthria	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G43.019 - Intractable common migraine without aura	Pediatric Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G43.109 - Migraine with aura, not intractable, without status migrainosus	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G43.409 - Hemiplegic migraine, not intractable, without status migrainosus	Pediatric Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G43.911 - Migraine, unspecified, intractable, with status migrainosus	Psychiatry & Neurology-Psychiatry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G44.221 - Chronic tension-type headache, intractable	Pediatric Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G50.0 - Trigeminal neuralgia	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G58.9 - Nerve entrapment; M51.36 - Other intervertebral disc degeneration, lumbar region; M54.16 - Radiculopathy, lumbar region	Family Medicine - Sports Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G60.9 - Idiopathic peripheral neuropathy; R20.0, R20.2 - Numbness and tingling of upper and lower extremities of both sides	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G70.00, D15.0 - Myasthenia gravis with thymoma (HCC)	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G90.3 - Multi-system degeneration of the autonomic nervous system	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G93.0 - Arachnoid cyst; R51 - Headache, unspecified headache type	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G93.89 - Other specified disorders of brain; R41.3 - Other amnesia	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	G93.9 - Disorder of brain, unspecified; R20.2 - Paresthesia of skin; R42 - Dizziness and giddiness	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H02.841 - Edema of right upper eyelid; H02.842 - Edema of right lower eyelid; S05.01XA - Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H18.463 - Peripheral corneal degeneration, bilateral	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H18.832 - Recurrent erosion of cornea, left	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H18.832 - Recurrent erosion of left cornea	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H35.53 - Other dystrophies primarily involving the sensory retina	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H35.53 - Stargardts disease	Optometry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H50.00 - Esotropia	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H53.2 - Diplopia	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H57.9 - Unspecified disorder of eye and adnexa	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H72.02 - Central perforation of tympanic membrane, left ear; H90.12 - Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H90.12 - Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H90.A31 - Mixed conductive and sensorineural hearing loss of right ear with restricted hearing of left ear	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H93.25 - Auditory processing disorder	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	H93.8X2 - Sensation of fullness in left ear	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	I63.9 - Cerebral infarction, unspecified	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	I73.81 - Erythromelalgia	Neurology	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, NEW	I83.813 - Varicose veins of bilateral lower extremities with pain	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	I83.813 - Varicose veins of bilateral lower extremities with pain	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	I83.891 - Varicose veins of right lower extremity with other complications	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	I89.0 - Lymphedema of left lower extremity	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	I89.0 - Lymphedema, not elsewhere classified	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	I97.2 - Postmastectomy lymphedema syndrome; Z85.3 - Personal history of malignant neoplasm of breast	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	J18.9 - Pneumonia, unspecified organism	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	J32.4 - Chronic pansinusitis	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	J32.9 - Chronic sinusitis; M31.30 - Wegener's granulomatosis (HCC)	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	J38.3 - Vocal cord dysfunction; R49.0 - Hoarseness	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	J39.8 - Tracheomalacia; R06.89 - Noisy breathing	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K21.9 - Gastro-esophageal reflux disease without esophagitis	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K40.90 - Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K57.20 - Perforation of sigmoid colon due to diverticulitis; K57.20 - Abscess of sigmoid colon due to diverticulitis	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K59.00 - Constipation, unspecified; R10.84 - Generalized abdominal pain; R11.2 - Nausea with vomiting, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K59.09 - Chronic constipation	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K62.89 - Anal or rectal pain	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K63.1 - Perforation of intestine (nontraumatic)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K80.10 - Calculus of gallbladder with chronic cholecystitis without obstruction	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K80.20 - Calculus of gallbladder without cholecystitis without obstruction	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K81.1 - Chronic cholecystitis; R94.8 - Abnormal biliary HIDA scan	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	K86.89 - Other specified diseases of pancreas	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	L02.91 - Cutaneous abscess, unspecified; L03.90 - Cellulitis, unspecified; L73.2 - Hidradenitis suppurativa	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	L20.9 - Atopic dermatitis	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	L21.9 - Seborrheic dermatitis	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	L70.9 - Acne	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M25.473 - Ankle swelling, unspecified laterality	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M25.521 - Right elbow pain	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M41.9 - Scoliosis	Adult Reconstructive Orthopedic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M41.9 - Scoliosis	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M42.00 - Juvenile osteochondrosis of spine, site unspecified; M54.5 - Low back pain	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M54.5 - Low back pain, non-specific	Surgery of the Hand	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M54.9 - Dorsalgia, unspecified; S22.080A - Wedge compression fracture of t11-T12 vertebra, initial encounter for closed fracture	Neurosurgery	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, NEW	M67.01 - Short Achilles tendon (acquired), right ankle; M67.02 - Short Achilles tendon (acquired), left ankle; R26.89 - Other abnormalities of gait and mobility; R26.9 - Unspecified abnormalities of gait and mobility	Orthopedics-Foot and Ankle Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M79.605, G89.29 - Chronic pain of left lower extremity	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M79.89 - Localized swelling of lower extremity; Z98.891 - Status post cesarean delivery	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M87.30, Y84.2 - Osteoradionecrosis (HCC)	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M89.8X8 - Skull mass	Neurosurgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M91.11 - Juvenile osteochondrosis of head of femur (legg-calve-perthes), right leg	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	M95.8 - Winged scapula	Internal Medicine - Sports Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N13.30 - Hydronephrosis determined by ultrasound	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N18.3 - Chronic kidney disease, stage 3 (moderate)	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N18.5 - Chronic kidney disease, stage 5	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N18.6 - End stage renal disease	Internal Medicine Nephrology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N18.9 - Chronic kidney disease, unspecified	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N18.9 - CKD (chronic kidney disease)	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N28.1 - Bilateral renal cysts	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N48.89 - Other specified disorders of penis; Z87.710 - Personal history of (corrected) hypospadias	Urology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N48.9 - Disorder of penis, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N50.819 - Testicular pain, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N62 - Gynecomastia	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N64.52 - Breast discharge; R79.89 - Decreased thyroxine (T4) level	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N81.11 - Cystocele, midline; N81.6 - Rectocele; R10.2 - Pelvic pressure in female	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N81.4 - Uterovaginal prolapse, unspecified	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N83.201 - Ovarian cyst, right; R74.0 - Elevated LDH	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N83.299 - Complex ovarian cyst	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N88.3 - Short cervix	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N97.1 - Female infertility due to block of fallopian tube	OB/Gyn	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT, NEW	N97.1 - Female infertility of tubal origin	OB/Gyn	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT, NEW	N97.9 - Female infertility	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N97.9 - Female infertility, unspecified	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	N97.9 - Infertility, female	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	O09.299 - Pregnancy with history of miscarriage, unspecified trimester; Z04.89 - Encounter for examination and observation for other specified reasons	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	O24.919 - Diabetes mellitus in pregnancy, antepartum; R73.09 - Elevated hemoglobin A1c	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	O26.12 - Insufficient weight gain during pregnancy in second trimester	OB/Gyn	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT, NEW	O26.613, K83.1 - Cholestasis during pregnancy in third trimester; R94.5 - Elevated liver function tests; Z34.80 - Supervision of other normal pregnancy, antepartum	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	P14.3 - Other brachial plexus birth injuries	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	P84 - Other problems with newborn	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Q21.1 - Atrial septal defect	Pediatric Cardiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Q27.9 - Venous malformation; R22.9 - Localized superficial swelling, mass, or lump	Pediatrics	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, NEW	Q37.5 - Cleft hard and soft palate with unilateral cleft lip	Plastic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Q67.3 - Plagiocephaly	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R00.0 - Tachycardia, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R00.2 - Palpitations	Pediatric Cardiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R01.1 - Cardiac murmur, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R06.83 - Habitual snoring; R56.9 - Convulsions, unspecified convulsion type (HCC)	Nurse Practitioner	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R07.89 - Chest pain of unknown etiology	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R10.11 - RUQ pain; R93.3 - Abnormal magnetic resonance cholangiopancreatography (MRCP)	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R10.31 - Right lower quadrant pain; R10.32 - Abdominal pain, left lower quadrant	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R10.84 - Generalized abdominal pain; R62.51 - Poor weight gain (0-17)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R11.2 - Nausea and vomiting; Z98.84 - History of bariatric surgery	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R22.32 - Mass of left axilla	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R22.33 - Localized swelling, mass and lump, upper limb, bilateral	Plastic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R25.1 - Tremor, unspecified	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R31.29 - Other microscopic hematuria	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R51 - Headache	Neurosurgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R51 - Headache	Psychiatry & Neurology-Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R51 - Nonintractable episodic headache, unspecified headache type	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R56.9 - Seizures (HCC)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R60.9 - Peripheral edema	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R62.0 - Delayed developmental milestones	Pediatrics	Approved	2		0		0
OFFICE/OUTPATIENT VISIT, NEW	R79.89 - Elevated serum creatinine	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT, NEW	R79.89 - High serum triiodothyronine (T3)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	R94.31 - Abnormal electrocardiogram (ECG) (EKG)	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	S06.0X9D - Concussion with loss of consciousness of unspecified duration, subsequent encounter	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	S92.344A - Nondisplaced fracture of fourth metatarsal bone, right foot, initial encounter for closed fracture; S92.351A - Displaced fracture of fifth metatarsal bone, right foot, initial encounter for closed fracture	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z31.69 - Encounter for other general counseling and advice on procreation	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z31.69 - Infertility counseling	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z31.69 - Procreative management counseling	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z31.69 - Procreative management counseling; Z87.59 - History of neonatal death	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z36.89 - Encounter for other specified antenatal screening	Obstetrics & Gynecology-Maternal & Fetal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z71.0 - Discussion about advance care planning held with family member	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z78.9 - Attempting to conceive	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z84.89 - Family history of genetic disorder	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z85.41 - Personal history of malignant neoplasm of cervix uteri	Hematology/Oncology	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT, NEW	Z86.39 - Personal history of other endocrine, nutritional and metabolic disease	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z87.820 - Personal history of traumatic brain injury;	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z87.820 - History of multiple concussions	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z98.84 - Bariatric surgery status	Internal Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT, NEW	Z98.84 - History of gastric bypass	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; CT GUIDANCE FOR PLC RADIATION THERAPY; SET RADIATION THERAPY FIELD C	C50.911 - Malignant neoplasm of unspecified site of right female breast	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; ECHO EXAM OF FETAL HEART	O09.90 - High-risk pregnancy; O10.919 - Chronic hypertension in pregnancy	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; ECHO EXAM OF FETAL HEART; ECHO EXAM OF FETAL HEART; DOPPLER COLOR FL	B27.90 - EBV infection	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; ECHO TRANSTHORACIC	R55 - Syncope and collapse	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; ELECTROCARDIOGRAM, TRACING; ECHO TRANSTHORACIC; DOPPLER COLOR FLOW A	R01.1 - Cardiac murmur, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION & EXPRESSIO	J38.3 - Spasmodic dysphonia	Ent-Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; EXTREMITY STUDY	I83.813 - Varicose veins of bilateral lower extremities with pain	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; EYE SERVICE OR PROCEDURE; SCLERAL COVER SHELL	H16.123 - Filamentary keratitis, bilateral; M35.01 - Sicca syndrome with keratoconjunctivitis	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; NEUROPSYCHOLOGICAL TESTING EVALUATION, FIRST HOUR; NEUROPSYCHOLOGICA	F03.90 - Dementia (HCC); F39 - Mood disorder (HCC)	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O13.3 - PIH (pregnancy induced hypertension), third trimester	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O16.2 - Unspecified maternal hypertension, second trimester; O28.3 - Abnormal ultrasonic finding on antenatal screening of mother; O36.5999 - IUGR (intrauterine growth restriction) affecting care of mother, unspecified trimester, other fetus; Z3A.23 -	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O24.111 - Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester; O99.211 - Obesity complicating pregnancy, first trimester	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O28.0 - Abnormal antenatal alpha fetoprotein screen	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O30.041 - Twin pregnancy, dichorionic/diamniotic, first trimester	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O35.1XX0 - Nuchal fold thickening determined by ultrasound	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O36.5990 - Poor fetal growth affecting management of mother; Z34.0 - Encounter for supervision of normal first pregnancy	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US >= 14 WKS, SNGL FETUS	O46.92 - Antepartum hemorrhage, unspecified, second trimester	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US, DETAILED, SNGL FETUS	O02.0 - Molar pregnancy	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US, DETAILED, SNGL FETUS	O35.8XX0 - Fetal cardiac echogenic focus	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US, DETAILED, SNGL FETUS; FETAL BIOPHYS PROFILE W/NST; FETAL BIOP	Z04.89 - Encounter for examination and observation for other specified reasons	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US, DETAILED, SNGL FETUS; FETAL BIOPHYS PROFILE W/NST; FETAL BIOP	Z04.89 - Evaluate anatomy not seen on prior sonogram	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OB US, LIMITED, FETUS(S); OB US, DETAILED, SNGL FETUS; FETAL BIOPHYS	O36.5921 - IUGR (intrauterine growth retardation) affecting mother, second trimester, fetus 1	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE CONSULTATION	C83.39 - Diffuse large B-cell lymphoma of extranodal site excluding spleen and other solid organs (HCC)	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE CONSULTATION	C90.00 - Multiple myeloma not having achieved remission	Hematology/Oncology	Approved	2		0		0

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OFFICE/OUTPATIENT VISIT, NEW; OFFICE CONSULTATION	D25.9 - Uterine fibroid	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE CONSULTATION	N83.8 - Ovarian mass	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	G50.0 - Trigeminal neuralgia	Neurosurgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	H35.109 - ROP (retinopathy prematurity), unspecified laterality	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	H50.9 - Unspecified strabismus	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	M79.89 - Other specified soft tissue disorders	Podiatry-Foot and Ankle Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	N18.6 - End stage renal disease	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	R22.1 - Localized swelling, mass and lump, neck	Pediatric Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	R63.3 - Feeding difficulties	Pediatric Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	S02.92XA, V89.2XXA - Facial fractures resulting from MVA (HCC)	Plastic Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST	S06.0X0A - Concussion without loss of consciousness, initial encounter	Pediatric Adolescent Sports Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST; ADMIN OF DEVELOPMENTAL TEST BY QUALIFI	F80.9 - Speech delay	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST; DRUG TEST(S), PRESUMPTIVE, BY INSTRUME	M47.816 - Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status; M51.36 - DDD (degenerative disc disease), lumbar; M54.16 - Lumbar radiculopathy	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST; OB US >= 14 WKS, SNGL FETUS; OB US, D	O09.30 - Late prenatal care; O09.892, Z94.0 - Current pregnancy in second trimester with history of renal transplant; O09.90 - High-risk pregnancy	OB/Gyn	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST; PROLONGED E&M OR PSYCH SVC,IN OFF OR O	F80.9 - Developmental disorder of speech and language, unspecified	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST; PROLONGED E&M OR PSYCH SVC,IN OFF OR O	F80.9 - Speech delay; R62.50 - Developmental delay in child	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST; URINALYSIS, NONAUTO W/SCOPE	N04.9 - Nephrotic syndrome	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; OFFICE/OUTPATIENT VISIT, EST; URINALYSIS, NONAUTO W/SCOPE	N18.3 - Chronic kidney disease, stage 3 (moderate); R80.9 - Proteinuria, unspecified	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; POST SEG, RETINA SCAN COMPUTERIED OPTH DX IMAGIN, W INTERP/RPT; EYE	H44.113 - Panuveitis, bilateral	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; SET RADIATION THERAPY FIELD COMPLEX; CT GUIDANCE FOR PLC RADIATION T	C34.92 - Malignant neoplasm of unspecified part of left bronchus or lung; M89.9 - Bone lesion	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; SET RADIATION THERAPY FIELD COMPLEX; CT GUIDANCE FOR PLC RADIATION T	C79.31 - Brain metastasis (HCC)	Hematology/Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; SET RADIATION THERAPY FIELD COMPLEX; CT GUIDANCE FOR PLC RADIATION T	D05.11 - Intraductal carcinoma in situ of right breast	General Surgery	Approved	1		0		0
OFFICE/OUTPATIENT VISIT, NEW; TRANSVAGINAL US, OBSTETRIC; U/S FETAL NUCHAL TRANSL FIRST TRIM SNGL;	D68.0 - Von Willebrand's disease; O09.529 - AMA (advanced maternal age) multigravida 35+	OB/Gyn	Approved	1		0		0
OFFSET KNEE JOINT EACH	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
Oligometastases	Malignant neoplasm of cervix uteri, unspecified	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Oligometastases	Malignant neoplasm of unspecified kidney, except renal pelvis	RADIATION ONCOLOGY	Approved	1		0		0
Oligometastases	Secondary malignant neoplasm of liver and intrahepatic bile duct	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
OLMESARTAN MEDOXOMIL 20 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	2	Services are not medically necessary	2		0
OLMESARTAN MEDOXOMIL 20 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Approved	1		0		0
OLMESARTAN MEDOXOMIL 20 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Denied	1	Services are not medically necessary	1		0
OLMESARTAN-HCTZ 20-12.5 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
OLMESARTAN-HCTZ 20-12.5 MG TAB	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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OLOPATADINE HCL 0.1% EYE DROPS	CHRONIC GIANT PAPPILARY CONJUNCTIVITIS, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
OLOPATADINE HCL 0.1% EYE DROPS	UNSPECIFIED ACUTE CONJUNCTIVITIS, BILATERAL	Family Medicine	Denied	1	Services are not medically necessary	1		0
OLOPATADINE HCL 0.1% EYE DROPS	VASOMOTOR RHINITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
OLOPATADINE HCL 0.2% EYE DROP	OTHER ALLERGY, SUBSEQUENT ENCOUNTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
OLOPATADINE HCL 0.2% EYE DROP	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Denied	1	Services are not medically necessary	1		0
OLUMIANT	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Pulmonary Disease		0		0	Approved	1
OLUMIANT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician Assistant		0		0	Denied	1
OLUMIANT 2 MG TABLET		Rheumatology	Approved	1		0		0
OLUMIANT 2 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
OLUMIANT 2 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
OLUMIANT 2 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
OLUMIANT 2 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
OLUMIANT 2 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
OLUMIANT 2 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
OMALIZUMAB INJECTION	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Family Medicine	Approved	1		0		0
OMALIZUMAB INJECTION	ALLERGIC URTICARIA	Ancillary	Approved	1		0		0
OMALIZUMAB INJECTION	DERMATOGRAPHIC URTICARIA	Family Medicine	Approved	1		0		0
OMALIZUMAB INJECTION	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Allergy/Immunology	Approved	19		0		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Ancillary	Approved	3		0		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Family Medicine	Approved	4		0		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Pediatric Allergy & Immunology	Approved	1		0		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Pediatrics	Approved	1		0		0
OMALIZUMAB INJECTION	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	8		0		0
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	3		0		0
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
OMALIZUMAB INJECTION	OTHER URTICARIA	Family Medicine	Approved	4		0		0
OMALIZUMAB INJECTION	OTHER URTICARIA	Pediatrics	Approved	1		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	8		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	5		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Approved	2		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Approved	2		0		0
OMALIZUMAB INJECTION	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
OMALIZUMAB INJECTION	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
OMALIZUMAB INJECTION	UNSPECIFIED ASTHMA, UNCOMPLICATED	Physician Assistant	Approved	1		0		0
OMALIZUMAB INJECTION	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
OMALIZUMAB INJECTION	URTICARIA, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
OMALIZUMAB INJECTION	URTICARIA, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE		Internal Medicine	Denied	1	Services are not medically necessary	1		0

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OMEPRAZOLE DR 20 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Surgery, General	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	LEFT UPPER QUADRANT PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	OTHER DISEASES OF LARYNX	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG TABLET	EPIGASTRIC PAIN	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE		Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE		Internal Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE		Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE		Physician Assistant	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION	Surgery, General	Denied	2	Services are not medically necessary	2		0
OMEPRAZOLE DR 40 MG CAPSULE	ACUTE GASTRITIS	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	BARIATRIC SURGERY STATUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Approved	4		0		0
OMEPRAZOLE DR 40 MG CAPSULE	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	COUGH	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	DUODENAL ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	DYSPHAGIA, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	EPIGASTRIC PAIN	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	EPIGASTRIC PAIN	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	ESOPHAGITIS, UNSPECIFIED	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRIC ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	Surgery, General	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Gastroenterology	Denied	2	Services are not medically necessary	2		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	3	Services are not medically necessary	3		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	6	Services are not medically necessary	6		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Physician	Approved	2		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Critical Care Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	15	Services are not medically necessary	15		0

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OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	15		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	17	Services are not medically necessary	17		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Hematology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	2		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	5	Services are not medically necessary	5		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	5		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	6	Services are not medically necessary	6		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTROJEJUNAL ULCER, UNSP AS ACUTE OR CHR, W/O HEMOR OR PERF	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	HEARTBURN	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	HEARTBURN	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	HEARTBURN	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	NAUSEA WITH VOMITING, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	OTHER DISEASES OF LARYNX	Critical Care Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	OTHER GASTRITIS WITHOUT BLEEDING	Rheumatology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	PEPTIC ULC, SITE UNSP, UNSP AS AC OR CHR, W/O HEMOR OR PERF	Internal Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	PERIUMBILICAL PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	UNSPECIFIED ABDOMINAL PAIN	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	UPPER ABDOMINAL PAIN, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE-BICARB 20-1,680 PKT	POSTGASTRIC SURGERY SYNDROMES	Physician Assistant	Approved	1		0		0
OMEPRAZOLE-BICARB 40-1,100 CAP	ADVERSE EFFECT OF NONSTEROIDAL ANTI-INFLAMMATORY DRUGS, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE-BICARB 40-1,100 CAP	CHRONIC SUPERFICIAL GASTRITIS WITHOUT BLEEDING	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE-BICARB 40-1,100 CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Physician Assistant	Approved	1		0		0
OMEPRAZOLE-BICARB 40-1,680 PKT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Surgery, General	Denied	1	Services are not medically necessary	1		0
OMNIPOD 5 PACK POD	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMNIPOD 5 PACK POD	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
OMNIPOD DASH 5 PACK POD	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
OMNIPOD PERSONAL DIABETIC MANAGER	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	1		0		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE	DME	Approved	1		0		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	8		0		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	DME	Approved	1		0		0

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OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION	DME	Approved	1		0		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	7		0		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Denied	1	Services are not medically necessary	1		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	2		0		0
OMNITROPE 10 MG/1.5 ML CRTG	HYPOPITUITARISM	Pediatric Endocrinology	Approved	2		0		0
OMNITROPE 10 MG/1.5 ML CRTG	HYPOPITUITARISM	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
OMNITROPE 5 MG/1.5 ML CRTG	NEWBORN LIGHT FOR GESTATIONAL AGE, UNSPECIFIED WEIGHT	Pediatric Endocrinology	Approved	1		0		0
OMNITROPE 5 MG/1.5 ML CRTG	NEWBORN SMALL FOR GESTATIONAL AGE, UNSPECIFIED WEIGHT	Pediatric Endocrinology	Approved	1		0		0
OMNITROPE 5.8 MG VIAL	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OMNITROPE 5.8 MG VIAL	OTHER OVARIAN DYSFUNCTION	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	4		0		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
ONC BREAST MRNA 70 GENES	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
ONC BREAST MRNA 70 GENES	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BREAST MRNA 70 GENES	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BREAST MRNA 70 GENES	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BRST MRNA 11 GENES	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC PROSTATE 3 GENES	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Ancillary	Approved	3		0		0
ONC PROSTATE 3 GENES	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
ONC PROSTATE MRNA 46 GENES	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	11		0		0
ONC PRST8 MRNA 17 GENE ALG	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	12		0		0
ONC PRST8 MRNA 17 GENE ALG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
ONC THYR DNA&MRNA 112 GENES	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	Ancillary	Approved	1		0		0
ONCOLOGY (BREAST), MRNA, GENE EXPR PROFIL BY REAL-TIME RT-PCR OF 21 GENES, UTIL FORMALIN-FIX PARAF	C50.111 - Malignant neoplasm of central portion of right female breast; Z17.0 - Estrogen receptor positive status (ER+)	Hematology/Oncology	Approved	1		0		0
ONCOLOGY (BREAST), MRNA, GENE EXPR PROFIL BY REAL-TIME RT-PCR OF 21 GENES, UTIL FORMALIN-FIX PARAF	C50.211 - Malignant neoplasm of upper-inner quadrant of right female breast; Z17.0 - Estrogen receptor positive status (ER+)	Hematology/Oncology	Approved	1		0		0
ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 10 DNA	Z12.11 - Screen for colon cancer	Family Medicine	Approved	1		0		0
ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE		Cardiovascular Disease		0		0	Denied	1
ONCOLOGY BREAST MRNA	DISPROPORTION OF RECONSTRUCTED BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0

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ONCOLOGY BREAST MRNA	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
ONCOLOGY BREAST MRNA	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
ONCOLOGY BREAST MRNA	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	5		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	10		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	4		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	6		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	6		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	4		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	3		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	3		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	2		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED MALE BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	3		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
ONCOLOGY BREAST MRNA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
ONCOLOGY COLORECTAL SCR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	2		0		0
ONCOLOGY COLORECTAL SCR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	2		0		0
ONCOLOGY PROSTATE PROB SCORE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Ancillary	Approved	42		0		0
ONCOLOGY PROSTATE PROB SCORE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Ancillary	Denied	3	Services are not medically necessary	3		0
ONCOLOGY PROSTATE PROB SCORE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0

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ONCOLOGY PROSTATE PROB SCORE	GROSS HEMATURIA	Ancillary	Approved	1		0		0
ONCOLOGY PROSTATE PROB SCORE	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	2		0		0
ONCOLOGY PROSTATE PROB SCORE	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
ONCOLOGY PROSTATE PROB SCORE	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
ONCOLOGY THYROID	AUTOIMMUNE THYROIDITIS	Facility	Approved	1		0		0
ONCOLOGY THYROID	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Approved	1		0		0
ONCOLOGY THYROID	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	Ancillary	Approved	1		0		0
ONCOLOGY THYROID	NONTOXIC DIFFUSE GOITER	Ancillary	Approved	1		0		0
ONCOLOGY THYROID	NONTOXIC GOITER, UNSPECIFIED	Ancillary	Approved	2		0		0
ONCOLOGY THYROID	NONTOXIC MULTINODULAR GOITER	Ancillary	Approved	3		0		0
ONCOLOGY THYROID	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	8		0		0
ONDANSETRON HCL INJECTION	FEVER, UNSPECIFIED	Family Medicine	Approved	1		0		0
ONDANSETRON HCL INJECTION	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Family Medicine	Approved	1		0		0
ONDANSETRON HCL INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Family Medicine	Approved	1		0		0
ONEXTON GEL PUMP	ACNE VULGARIS	Dermatology	Denied	13	Services are not medically necessary	13		0
ONEXTON GEL PUMP	ACNE VULGARIS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ONEXTON GEL PUMP	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
ONEXTON GEL PUMP	ACNE VULGARIS	Physician Assistant	Denied	3	Services are not medically necessary	3		0
ONEXTON GEL PUMP	FURUNCLE OF NECK	Dermatology	Denied	1	Services are not medically necessary	1		0
ONEXTON GEL PUMP	HIDRADENITIS SUPPURATIVA	Dermatology	Denied	1	Services are not medically necessary	1		0
ONEXTON GEL PUMP	OTHER ACNE	Dermatology	Denied	1	Services are not medically necessary	1		0
ONFI 10 MG TABLET	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	Neurology	Approved	1		0		0
ONFI 10 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ONFI 2.5 MG/ML SUSPENSION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
ONFI 2.5 MG/ML SUSPENSION	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
ONFI 2.5 MG/ML SUSPENSION	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Pediatric Neurology	Approved	1		0		0
ONFI 2.5 MG/ML SUSPENSION	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
ONFI 20 MG TABLET	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
ONFI 20 MG TABLET	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
ONFI 20 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
ONGLYZA 2.5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
ONGLYZA 2.5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
ONGLYZA 2.5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Internal Medicine	Approved	1		0		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Approved	1		0		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0

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ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	BENIGN NEOPLASM OF RIGHT OVARY	Psychiatry		0		0	Approved	1
OPANA 5 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
OPEN BOWEL TO SKIN	MALIGNANT NEOPLASM OF DUODENUM	Convenience Care Clinic	Approved	1		0		0
OPEN CORONARY ENDARTERECTOMY	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
OPEN SKULL FOR DRAINAGE	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Facility	Approved	1		0		0
OPEN TX NOSE FX UNCOMPLICATD	DEVIATED NASAL SEPTUM	Facility	Approved	1		0		0
OPEN WEDGE/BX LUNG NODULE	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
OPEN/PERQ PLACE STENT 1ST	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
OPEN/PERQ PLACE STENT EA ADD	COMPRESSION OF VEIN	Radiology	Approved	2		0		0
OPEN/PERQ PLACE STENT EA ADD	SCROTAL VARICES	Facility	Denied	1	Services are not medically necessary	1		0
OPEN/PERQ PLACE STENT EA ADD	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	1		0		0
OPEN/PERQ PLACE STENT EA ADD	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
OPEN/PERQ PLACE STENT SAME	COMPRESSION OF VEIN	Radiology	Approved	2		0		0
OPEN/PERQ PLACE STENT SAME	COMPRESSION OF VEIN	Surgery, Vascular	Approved	1		0		0
OPEN/PERQ PLACE STENT SAME	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	2		0		0
OPEN/PERQ PLACE STENT SAME	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	Facility	Denied	1	Services are not medically necessary	1		0
OPEN/PERQ PLACE STENT SAME	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Approved	1		0		0
OPEN/PERQ PLACE STENT SAME	SCROTAL VARICES	Facility	Denied	1	Services are not medically necessary	1		0
OPEN/PERQ PLACE STENT SAME	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	1		0		0
OPEN/PERQ PLACE STENT SAME	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
OPEN/PERQ PLACE STENT SAME	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
OPERATIVE LARYNGOSCOPY	C09.9 - Malignant neoplasm of tonsil, unspecified	Ent-Otolaryngology	Approved	1		0		0
OPERATIVE LARYNGOSCOPY	D14.1 - Benign neoplasm of larynx	Otolaryngology	Approved	1		0		0
OPERATIVE LARYNGOSCOPY	J39.2 - Other diseases of pharynx	Ent-Otolaryngology	Approved	1		0		0
OPIOID REPLACEMENT THERAPY	Opioid dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
OPIUM TINCTURE 10 MG/ML	DIARRHEA, UNSPECIFIED	Surgery, Colon And Rectal	Approved	1		0		0
OPN FEM ART EXPOS	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Facility	Approved	2		0		0
OPN FEM ART EXPOS	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Other	Approved	1		0		0
OPN FEM ART EXPOS	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
OPN TX COMPLX MALAR FX	FRACTURE OF ORBITAL FLOOR, LEFT SIDE, INIT	Facility	Approved	1		0		0
OPN TX COMPLX MALAR FX	MAXILLARY FRACTURE, UNSPECIFIED SIDE, 7THB	Facility	Approved	1		0		0
OPN TX COMPLX MALAR FX	ZYGOMATIC FRACTURE, LEFT SIDE, INIT	Facility	Approved	1		0		0
OPN TX COMPLX MALAR FX	ZYGOMATIC FRACTURE, RIGHT SIDE, 7THB	Facility	Approved	1		0		0
OPN TX COMPLX MALAR FX	ZYGOMATIC FRACTURE, UNSPECIFIED SIDE, INIT	Facility	Approved	1		0		0

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OPN TX DPRSD MALAR FRACTURE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Facility	Approved	1		0		0
OPN TX DPRSD MALAR FRACTURE	ZYGOMATIC FRACTURE, UNSPECIFIED SIDE, INIT	Facility	Approved	1		0		0
OPN TX DPRSD ZYGOMATIC ARCH	ZYGOMATIC FRACTURE, LEFT SIDE, INIT	Facility	Approved	1		0		0
OPN TX ORBIT FX COMBINED	FRACTURE OF ORBITAL FLOOR, UNSPECIFIED SIDE, INIT	Facility	Approved	1		0		0
OPN TX ORBIT FX W/BONE GRFT	FRACTURE OF ORBITAL FLOOR, LEFT SIDE, INIT	Facility	Approved	1		0		0
OPN TX ORBIT PERIORBTL IMPLT	FRACTURE OF ORBITAL FLOOR, LEFT SIDE, INIT	Facility	Approved	1		0		0
OPN TX ORBIT PERIORBTL IMPLT	FRACTURE OF ORBITAL FLOOR, RIGHT SIDE, INIT	Ancillary	Approved	1		0		0
OPN TX ORBIT PERIORBTL IMPLT	MAXILLARY FRACTURE, UNSPECIFIED SIDE, 7THB	Facility	Approved	1		0		0
OPN TX ORBIT PERIORBTL IMPLT	UNSP FRACTURE OF FACIAL BONES, SUBS FOR FX W ROUN HEAL	Facility	Approved	1		0		0
OPN TX ORBIT PERIORBTL IMPLT	UNSPECIFIED INJURY OF FACE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
OPN TX ORBIT PERIORBTL IMPLT	ZYGOMATIC FRACTURE, UNSPECIFIED SIDE, INIT	Facility	Approved	1		0		0
OPSUMIT 10 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
OPSUMIT 10 MG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
OPSUMIT 10 MG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Pulmonary Disease	Approved	2		0		0
OPTX OF RIB FX W/FIXJ SCOPE	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	1		0		0
ORACEA 40 MG CAPSULE	OTHER ROSACEA	Dermatology	Denied	1	Services are not medically necessary	1		0
ORACEA 40 MG CAPSULE	ROSACEA, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
ORAL APREPITANT	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	2		0		0
ORAL DEVICE/APPLIANCE CUSFAB	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Dentistry	Approved	1		0		0
ORAL DEVICE/APPLIANCE CUSFAB	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Dentistry	Denied	2	Services are not medically necessary	2		0
ORAL DEVICE/APPLIANCE CUSFAB	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Denied	2	Services are not medically necessary	2		0
ORAL DEVICE/APPLIANCE CUSFAB	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	GENERAL DENTISTRY	Approved	1		0		0
ORAL DEVICE/APPLIANCE PREFAB	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Radiology, Diagnostic	Approved	1		0		0
ORAL FUNCTION THERAPY	AUTISTIC DISORDER	Speech Therapy	Approved	1		0		0
ORAL FUNCTION THERAPY	AUTISTIC DISORDER	Speech Therapy	Denied	2	Services are not medically necessary	2		0
ORAL FUNCTION THERAPY	FAILURE TO THRIVE (CHILD)	Ancillary	Denied	2	Services are not medically necessary	2		0
ORAL FUNCTION THERAPY	SOCIAL PRAGMATIC COMMUNICATION DISORDER	Speech Therapy	Denied	2	Services are not medically necessary	2		0
ORAL PRESCRIPTION DRUG CHEMO	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
ORALAIR 300 IR SUBLINGUAL TAB	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0
ORBITOCRANIAL APPROACH/SKULL	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Facility	Approved	1		0		0
ORCHIOPEXY INGUN/SCROT APPR	BILATERAL INGUINAL TESTES	Facility	Approved	1		0		0
ORCHIOPEXY INGUN/SCROT APPR	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Facility	Approved	1		0		0
ORCHIOPEXY INGUN/SCROT APPR	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
ORCHIOPEXY INGUN/SCROT APPR	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	Ancillary	Approved	1		0		0
ORCHIOPEXY INGUN/SCROT APPR	UNDESCENDED TESTICLE, UNSPECIFIED	Facility	Approved	2		0		0
ORCHIOPEXY INGUN/SCROT APPR	UNSPECIFIED UNDESCENDED TESTICLE, UNILATERAL	Facility	Approved	1		0		0
Orencia	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Dermatology		0		0	Denied	1
ORENCIA	RHEUMATOID ARTHRITIS, UNSPECIFIED	Allergy/Immunology		0		0	Approved	1
ORENCIA 125 MG/ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	7		0		0
ORENCIA 125 MG/ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
ORENCIA 125 MG/ML SYRINGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	2		0		0
ORENCIA 125 MG/ML SYRINGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
ORENCIA 125 MG/ML SYRINGE	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
ORENCIA 125 MG/ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	7		0		0

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ORENCIA 125 MG/ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
ORENCIA CLICKJECT 125 MG/ML		Rheumatology	Denied	1	Services are not medically necessary	1		0
ORENCIA CLICKJECT 125 MG/ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
ORENCIA CLICKJECT 125 MG/ML	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Allergy/Immunology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE	Pediatric Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	OTHER RHEUMATOID ARTHRITIS	Rheumatology	Denied	1	Services are not medically necessary	1		0
ORENCIA CLICKJECT 125 MG/ML	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	3		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	7		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	2	Services are not medically necessary	2		0
ORENCIA CLICKJECT 125 MG/ML	RHEU ARTHRITIS W RHEU FACTOR OF R WRIST W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	2	Services are not medically necessary	2		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	7		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
ORENITRAM ER 0.125 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ORENITRAM ER 0.25 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ORENITRAM ER 1 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ORENITRAM ER 2.5 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	2		0		0
ORENITRAM ER 5 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	2		0		0
ORLISSA	Endometriosis, unspecified	Psychiatry		0		0	Approved	1
ORLISSA 150 MG TABLET	DYSMENORRHEA, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ORLISSA 150 MG TABLET	DYSMENORRHEA, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ORLISSA 150 MG TABLET	ENDOMETRIOSIS	Obstetrics/Gynecology	Approved	2		0		0
ORLISSA 150 MG TABLET	ENDOMETRIOSIS OF PELVIC PERITONEUM	Gynecology (No OB)	Approved	1		0		0
ORLISSA 150 MG TABLET	ENDOMETRIOSIS OF PELVIC PERITONEUM	Obstetrics/Gynecology	Approved	3		0		0
ORLISSA 150 MG TABLET	ENDOMETRIOSIS OF UTERUS	Obstetrics/Gynecology	Approved	3		0		0
ORLISSA 150 MG TABLET	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	14		0		0
ORLISSA 150 MG TABLET	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ORLISSA 150 MG TABLET	OTHER ENDOMETRIOSIS	Obstetrics/Gynecology	Approved	1		0		0
ORLISSA 150 MG TABLET	PELVIC AND PERINEAL PAIN	Obstetrics/Gynecology	Approved	3		0		0
ORLISSA 150 MG TABLET	PELVIC AND PERINEAL PAIN	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
ORLISSA 150 MG TABLET	SECONDARY DYSMENORRHEA	Obstetrics/Gynecology	Approved	1		0		0
ORLISSA 150 MG TABLET	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	Obstetrics/Gynecology	Approved	1		0		0
ORLISSA 200 MG TABLET	ENDOMETRIOSIS, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
ORLISSA 200 MG TABLET	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	8		0		0
ORLISSA 200 MG TABLET	UNSPECIFIED DYSPAREUNIA	Nurse Practitioner	Approved	1		0		0
ORLISSA 200 MG TABLET	UNSPECIFIED DYSPAREUNIA	Obstetrics/Gynecology	Approved	1		0		0
ORKAMBI 100 MG-125 MG TABLET	CYSTIC FIBROSIS	Pediatric Pulmonology	Approved	1		0		0
ORKAMBI 100 MG-125 MG TABLET	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0
ORKAMBI 150-188 MG GRANULE PKT	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
ORKAMBI 150-188 MG GRANULE PKT	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0

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ORTHO DF 3,775 UNIT-1 MG CAP	DEFICIENCY OF OTHER VITAMINS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
ORTHOPTIC/PLEOPTIC TRAINING	INTERMITTENT MONOCULAR EXOTROPIA, RIGHT EYE	Optometry	Approved	1		0		0
ORTHOVISC	Osteoarthritis of knee, unspecified	Anesthesiology		0		0	Denied	1
ORTHOVISC	Unilateral primary osteoarthritis, right knee	Pain Management		0		0	Approved	1
ORTHOVISC	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic		0		0	Approved	1
ORTHOVISC	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Internal Medicine		0		0	Approved	1
ORTHOVISC 15 MG/ML SYRINGE		Sports Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE		Surgery, Orthopedic	Approved	2		0		0
ORTHOVISC 15 MG/ML SYRINGE		Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Approved	2		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physician Assistant	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	10		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	7		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	General Practice	Approved	3		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physician	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rheumatology	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	17		0		0
ORTHOVISC INJ PER DOSE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	1		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	38		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Anesthesiology	Approved	2		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Emergency Medicine	Approved	3		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Endocrinology And Metabolism	Approved	1		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Approved	2		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	9		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Approved	5		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Approved	2		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Approved	10		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pharmacology, Clinical	Approved	1		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	8		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	46		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
ORTHOVISC INJ PER DOSE	CELLULITIS OF LEFT LOWER LIMB	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	CELLULITIS OF RIGHT LOWER LIMB	Pain Management	Approved	1		0		0
ORTHOVISC INJ PER DOSE	CHEST PAIN, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	CHONDROMALACIA PATELLAE, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	CHONDROMALACIA, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0

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ORTHOVISC INJ PER DOSE	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	PAIN IN RIGHT KNEE	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	PAIN IN RIGHT KNEE	Pain Management	Approved	1		0		0
ORTHOVISC INJ PER DOSE	PAIN IN RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	POLYOSTEOARTHRTIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
ORTHOVISC INJ PER DOSE	PRPH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, L KNEE, INIT	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	SPINAL STENOSIS, CERVICAL REGION	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	TRAUMATIC ARTHROPATHY, RIGHT KNEE	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRTIS, LEFT KNEE	Orthopaedic Sports Medicine	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRTIS, LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRTIS, RIGHT KNEE	Pharmacology, Clinical	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Ancillary	Approved	40		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Anesthesiology	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Emergency Medicine	Approved	2		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Family Medicine	Approved	5		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Pain Management	Approved	5		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Physical Medicine	Approved	2		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Rheumatology	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Sports Medicine	Approved	2		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Surgery, Orthopedic	Approved	39		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, LEFT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Ancillary	Approved	42		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Ancillary	Denied	3	Services are not medically necessary	3		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Family Medicine	Approved	6		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Family Medicine	Denied	3	Services are not medically necessary	3		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Internal Medicine	Approved	2		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Pain Management	Approved	10		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Physical Medicine	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Physician Assistant	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Rheumatology	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Sports Medicine	Approved	4		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Surgery, Orthopedic	Approved	44		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, RIGHT KNEE	Surgery, Orthopedic	Denied	11	Services are not medically necessary	11		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, UNSPECIFIED KNEE	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, UNSPECIFIED KNEE	Family Medicine	Approved	2		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRTIS, UNSPECIFIED KNEE	Physical Medicine	Approved	1		0		0

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ORTHOVISC INJ PER DOSE	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNSTABLE ANGINA	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	URGE INCONTINENCE	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC INJ PER DOSE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Orthopedic	Approved	1		0		0
OST PCH DRAIN W BAR & FILTER	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
Osteochondral allograft, knee, open	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Osteochondral allograft, knee, open	DISPLACED OC FX LT PATELLA INITIAL ENC CLOS FX	SURGERY-ORTHOPEdic	Approved	1		0		0
Osteochondral allograft, knee, open	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Osteochondral allograft, knee, open	OSTEOCHONDRIITIS DISSECANS LEFT KNEE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Osteochondral allograft, knee, open	OSTEOCHONDRIITIS DISSECANS RIGHT KNEE	ORTHOPEdic SURGERY	Denied	3	Services are not medically necessary	3		0
Osteochondral allograft, knee, open	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEdic	Approved	1		0		0
Osteochondral allograft, knee, open	OTHER ARTICULAR CARTILAGE DISORDERS UNS SITE	ORTHOPEdic SURGERY	Approved	1		0		0
Osteochondral allograft, knee, open	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Osteochondral allograft, knee, open	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
Osteochondral allograft, knee, open	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
OSTEOCHONDRAL TALUS AUTOGRFT	OSTEOCHONDRIITIS DISSECANS, R ANKLE AND JOINTS OF RIGHT FOOT	Facility	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	ARTHRODESIS STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	CONTRACTURE, RIGHT FOOT	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF 5TH METATARSAL BONE, L FT, 7THG	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF 5TH METATARSAL BONE, L FT, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF DIST POLE OF NAVIC BONE OF R WRS, 7THG	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	2		0		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF MED MALLEOLUS OF L TIBIA, 7THK	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	DISPL OBLIQUE FX SHAFT OF HUMER, L ARM, 7THK	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	FRACTURE OF UNSP METATARSAL BONE(S), RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 1ST METATARSAL BONE, R FT, 7THK	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 2ND METATARSAL BONE, L FT, 7THG	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THD	Ancillary	Approved	2		0		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 5TH METATARSAL BONE, UNSP FT, 7THG	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF ANT PRO OF L CALCANEUS, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Approved	3		0		0

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OSTEOGEN ULTRASOUND STIML TOR	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIML TOR	NONDISP FX OF MIDDLE THIRD OF NAVIC BONE OF R WRIST, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIML TOR	NONDISP FX OF NECK OF R RADIUS, SUBS FOR CLOS FX W NONUNION	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	NONDISP TRANSVERSE FX SHAFT OF R ULNA, 7THK	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIML TOR	NONDISP UNSP FX LEFT LESSER TOE(S), SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W NONUNION	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	OTHER FRACTURE OF RIGHT FOOT, 7THG	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED JOINT	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIML TOR	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Ancillary	Approved	3		0		0
OSTEOGEN ULTRASOUND STIML TOR	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Ancillary	Denied	2	Services are not medically necessary	2		0
OSTEOGEN ULTRASOUND STIML TOR	STRESS FRACTURE, LEFT FOOT, SUBS FOR FX W DELAY HEAL	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIML TOR	STRESS FRACTURE, RIGHT FOOT, INITIAL ENCOUNTER FOR FRACTURE	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIML TOR	UNSP FRACTURE OF LEFT PATELLA, SUBS FOR CLOS FX W NONUNION	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	UNSP FRACTURE OF NAVICULAR BONE OF RIGHT WRIST, INIT	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	UNSP FRACTURE OF RIGHT PATELLA, INIT FOR CLOS FX	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIML TOR	UNSP FRACTURE OF SHAFT OF RIGHT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIML TOR	UNSPECIFIED FRACTURE OF UNSPECIFIED PATELLA, SEQUELA	Ancillary	Approved	1		0		0
OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Arthrodesis status	Rheumatology		0		0	Approved	1
OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	SPONDYLOLISTHESIS, LUMBAR REGION	Physical Medicine		0		0	Approved	1
OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	CONTRACTURE, RIGHT FOOT	Obstetrics/Gynecology		0		0	Denied	1
OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture	Internal Medicine		0		0	Denied	1
OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	STRESS FRACTURE, LEFT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	Internal Medicine		0		0	Denied	1
OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; LUMBAR	Spinal stenosis, lumbar region without neurogenic claudication	Physician		0		0	Denied	1
Osteotomy, femur, shaft or supracondylar;with fixation	DSPLC CMNT FX SHAFT RT FEMUR SUB ENC CLOS FX MU	SURGERY-ORTHOPEDIC	Approved	2		0		0
Osteotomy, femur, shaft or supracondylar;with fixation	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Osteotomy, femur, shaft or supracondylar;with fixation	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteotomy, femur, shaft or supracondylar;with fixation	VALGUS DEFORMITY NEC LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteotomy, femur, shaft or supracondylar;with fixation	VALGUS DEFORMITY NEC RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteotomy, iliac, acetabular or innominate bone;	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure	OTHER ARTICULAR CARTILAGE DISORDERS UNS SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure	OTHER INTRAOP POSTPROC COMP D/O MSK SYSTEM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
OSTOMY POUCH LIQ DEODORANT	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
OT EVAL HIGH COMPLEX 60 MIN	OTHER LACK OF COORDINATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
OT EVAL HIGH COMPLEX 60 MIN	UNSP BEHAV/EMOTN DISORD W ONST USLY OCCUR IN CHLDHD AND ADOL	Occupational Therapy	Denied	2	Services are not medically necessary	2		0
OT EVAL LOW COMPLEX 30 MIN	OTHER LACK OF COORDINATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
OT EVAL MOD COMPLEX 45 MIN	AUTISTIC DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
OT EVAL MOD COMPLEX 45 MIN	OTHER LACK OF COORDINATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
OT EVALUATION	R63.3 - Feeding difficulties	Pediatrics	Approved	1		0		0
OT EVALUATION; RE-EVALUATION OF OCCUPTIONAL THERAPY ESTABLISHED PLAN OF CARE; OCCUPTIONAL THERPAY	F82 - Developmental delay of gross and fine motor function	Pediatrics	Approved	1		0		0
OT RE-EVAL EST PLAN CARE	AUTISTIC DISORDER	Ancillary	Denied	2	Services are not medically necessary	2		0
OT RE-EVAL EST PLAN CARE	OTHER LACK OF COORDINATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
OT RE-EVAL EST PLAN CARE	UNSP BEHAV/EMOTN DISORD W ONST USLY OCCUR IN CHLDHD AND ADOL	Occupational Therapy	Denied	2	Services are not medically necessary	2		0
OTEZLA	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Gastroenterology		0		0	Approved	1
OTEZLA	Arthropathic psoriasis, unspecified	Surgery, Plastic		0		0	Denied	1
OTEZLA	Dyshidrosis [pompholyx]	Dermatology		0		0	Denied	1
OTEZLA	Other psoriasis	Family Medicine		0		0	Approved	1
OTEZLA	PSORIASIS VULGARIS	Neurology		0		0	Approved	1
OTEZLA	PSORIASIS VULGARIS	Surgery, Orthopedic		0		0	Approved	2
OTEZLA	PSORIASIS, UNSPECIFIED	Physician Assistant		0		0	Denied	1
otezla	PSORIASIS, UNSPECIFIED	Psychiatry		0		0	Denied	1
OTEZLA 28 DAY STARTER PACK	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
OTEZLA 28 DAY STARTER PACK	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	OTHER PSORIASIS	Dermatology	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	OTHER PSORIASIS	Physician	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS VULGARIS	Family Medicine	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS VULGARIS	Family Nurse Practitioner	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	PSORIATIC ARTHRITIS MUTILANS	Dermatology	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	PSORIATIC ARTHRITIS MUTILANS	Internal Medicine	Approved	1		0		0
OTEZLA 30 MG TABLET		Dermatology	Approved	2		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS	Rheumatology	Approved	1		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Dermatology	Approved	2		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	2		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Physician	Approved	1		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	14		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	4	Services are not medically necessary	4		0
OTEZLA 30 MG TABLET	BEHCET'S DISEASE	Rheumatology	Approved	1		0		0

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OTEZLA 30 MG TABLET	DERMATITIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
OTEZLA 30 MG TABLET	DYSHIDROSIS [POMPHOLYX]	Dermatology	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Rheumatology	Approved	1		0		0
OTEZLA 30 MG TABLET	HEADACHE	Rheumatology	Approved	1		0		0
OTEZLA 30 MG TABLET	HIDRADENITIS SUPPURATIVA	Dermatology	Denied	2	Services are not medically necessary	2		0
OTEZLA 30 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	OTHER PSORIASIS	Dermatology	Approved	10		0		0
OTEZLA 30 MG TABLET	OTHER PSORIASIS	Dermatology	Denied	2	Services are not medically necessary	2		0
OTEZLA 30 MG TABLET	OTHER PSORIASIS	Rheumatology	Denied	2	Services are not medically necessary	2		0
OTEZLA 30 MG TABLET	OTHER PSORIATIC ARTHROPATHY	Internal Medicine	Approved	2		0		0
OTEZLA 30 MG TABLET	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	2		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Dermatology	Approved	61		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Dermatology	Denied	4	Services are not medically necessary	4		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Family Nurse Practitioner	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Physician	Approved	8		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Physician Assistant	Approved	6		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Rheumatology	Approved	3		0		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Dermatology	Approved	10		0		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Physician	Approved	2		0		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	2		0		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
OTEZLA 30 MG TABLET	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	1		0		0
OTEZLA 30 MG TABLET	PUSTULOSIS PALMARIS ET PLANTARIS	Dermatology	Approved	1		0		0
OTEZLA 30 MG TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	1		0		0
OTEZLA STARTER PACK	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
OTH RESP PROC, INDIV	PRIMARY PULMONARY HYPERTENSION	Facility	Denied	1	Services are not medically necessary	1		0
OTHER BONE GRAFT MICROVASC	BENIGN NEOPLASM OF PITUITARY GLAND	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
Other Cancer	Malignant carcinoid tumor of unspecified site	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Other Cancer	Malignant neoplasm of descending colon	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Other Cancer	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Other	Approved	1		0		0
Other Cancer	Secondary malignant neoplasm of skin	RADIATION ONCOLOGY	Approved	1		0		0
OTOVEL 0.3%-0.025% EAR DROPS	ACUTE SEROUS OTITIS MEDIA, UNSPECIFIED EAR	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OTOVEL 0.3%-0.025% EAR DROPS	ACUTE SEROUS OTITIS MEDIA, UNSPECIFIED EAR	Pediatrics	Approved	1		0		0
OTOVEL 0.3%-0.025% EAR DROPS	ACUTE SEROUS OTITIS MEDIA, UNSPECIFIED EAR	Physician	Approved	1		0		0
Otrexup	DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED	Cardiovascular Disease		0		0	Approved	1
OTREXUP 10 MG/0.4 ML AUTO-INJ	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
OTREXUP 10 MG/0.4 ML AUTO-INJ	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
OTREXUP 12.5 MG/0.4 ML AUTOINJ	LOCALIZED SCLERODERMA [MORPHEA]	Pediatrics	Approved	1		0		0
OTREXUP 17.5 MG/0.4 ML AUTOINJ	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Pediatric Rheumatology	Approved	1		0		0
OTREXUP 20 MG/0.4 ML AUTO-INJ	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	Pediatric Rheumatology	Denied	1	Services are not medically necessary	1		0
OTREXUP 20 MG/0.4 ML AUTO-INJ	INFLAMMATORY POLYARTHROPATHY	Internal Medicine	Approved	1		0		0

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OTREXUP 20 MG/0.4 ML AUTO-INJ	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
OTREXUP 20 MG/0.4 ML AUTO-INJ	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
Outpatient Behavioral Health Treatment	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Behavioral Health Physician		0		0	Denied	1
OVACE 10% WASH	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
OVIDREL 250 MCG/0.5 ML SYRG	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
OVIDREL 250 MCG/0.5 ML SYRG	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Approved	1		0		0
OVIDREL 250 MCG/0.5 ML SYRG	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Denied	2	Services are not medically necessary	2		0
OVIDREL 250 MCG/0.5 ML SYRG	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
OVIDREL 250 MCG/0.5 ML SYRG	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
OVIDREL 250 MCG/0.5 ML SYRG	MALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
OVIDREL 250 MCG/0.5 ML SYRG	OTHER OVARIAN DYSFUNCTION	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
OVIDREL 250 MCG/0.5 ML SYRG	RECURRENT PREGNANCY LOSS	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
OXALIPLATIN	FOREIGN OBJECT LEFT IN BODY DURING PROCEDURE	Family Medicine	Approved	1		0		0
OXALIPLATIN	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
OXALIPLATIN	HYPO-OSMOLALITY AND HYPONATREMIA	Family Medicine	Approved	1		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Family Medicine	Approved	1		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Oncology	Approved	1		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
OXALIPLATIN	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Facility	Approved	1		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Family Medicine	Approved	3		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF RECTUM	Internal Medicine	Approved	1		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF RECTUM	Oncology	Approved	1		0		0
OXALIPLATIN	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)	Facility	Approved	1		0		0
OXANDROLONE 10 MG TABLET	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Family Medicine	Approved	2		0		0
OXANDROLONE 10 MG TABLET	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Approved	1		0		0
OXANDROLONE 10 MG TABLET	PAIN IN UNSPECIFIED JOINT	Family Medicine	Approved	1		0		0
OXANDROLONE 2.5 MG TABLET	SHORT STATURE (CHILD)	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
OXICONAZOLE NITRATE 1% CREAM	PITYRIASIS VERSICOLOR	Chiropractic	Denied	1	Services are not medically necessary	1		0
OXISTAT 1% LOTION	TINEA CORPORA	Pediatrics	Approved	1		0		0
OXISTAT 1% LOTION	TINEA CORPORA	Pediatrics	Denied	2	Services are not medically necessary	2		0
OXTELLAR XR 150 MG TABLET	CHRONIC PAIN SYNDROME	Neurology	Denied	1	Services are not medically necessary	1		0
OXTELLAR XR 150 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
OXTELLAR XR 300 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
OXTELLAR XR 300 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
OXTELLAR XR 300 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0

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OXTELLAR XR 300 MG TABLET	TRIGEMINAL NEURALGIA	Neurology	Denied	1	Services are not medically necessary	1		0
OXTELLAR XR 300 MG TABLET	UNSPECIFIED CONVULSIONS	Sleep Medicine	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatric Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
OXTELLAR XR 600 MG TABLET	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS	Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Neurology	Approved	3		0		0
OXTELLAR XR 600 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Pediatric Neurology	Approved	2		0		0
OXTELLAR XR 600 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Surgery, Orthopedic	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
oxycodone	OTHER CHRONIC PAIN	Behavioral Nurse		0		0	Approved	1
OXYCODONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	7		0		0
OXYCODONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	2		0		0
OXYCODONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Physician	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION	Pain Management	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Surgery, Orthopedic	Approved	2		0		0
OXYCODONE HCL 10 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 100 MG/5 ML SOLN	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	Anesthesiology	Approved	2		0		0
OXYCODONE HCL 15 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	CHRONIC PAIN SYNDROME	Family Nurse Practitioner Primary Care	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	4		0		0
OXYCODONE HCL 15 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	2		0		0
OXYCODONE HCL 15 MG TABLET	DERANG OF MEDIAL MENISCUS DUE TO OLD TEAR/INJ, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Anesthesiology	Approved	1		0		0

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OXYCODONE HCL 15 MG TABLET	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	LOW BACK PAIN	Physician	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	MECH LOOSENING OF INTERNAL LEFT KNEE PROSTHETIC JOINT, INIT	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	OTHER CHRONIC PAIN	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	OTHER CHRONIC PAIN	Physician	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	OTHER CHRONIC POSTPROCEDURAL PAIN	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Pain Management	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	OTHER SPONDYLOSIS, LUMBAR REGION	Physician Assistant	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	PAIN IN LEFT KNEE	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	PAIN IN RIGHT WRIST	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	PLANTAR FASCIAL FIBROMATOSIS	Podiatry	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	RADICULOPATHY, CERVICAL REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	UNSPECIFIED MONONEUROPATHY OF RIGHT LOWER LIMB	Geriatric Medicine	Approved	1		0		0
OXYCODONE HCL 20 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
OXYCODONE HCL 20 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 20 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 20 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 20 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Pain Management	Approved	1		0		0
OXYCODONE HCL 20 MG TABLET	TARSAL TUNNEL SYNDROME, LEFT LOWER LIMB	Podiatry	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 30 MG TABLET	CERVICALGIA	Pain Management	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	CHRONIC PAIN SYNDROME	Neurology	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	4		0		0
OXYCODONE HCL 30 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	COLLAPSED VERTEBRA, NEC, SITE UNSP, INIT	Pain Management	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	DISCITIS, UNSPECIFIED, LUMBAR REGION	Internal Medicine	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 30 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Internal Medicine	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Psychiatry	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	3		0		0
OXYCODONE HCL 5 MG TABLET	CHRONIC PAIN SYNDROME	Physician Assistant	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	LUMBAGO WITH SCIATICA, LEFT SIDE	Family Medicine	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	OTHER ACUTE POSTPROCEDURAL PAIN	Obstetrics/Gynecology	Approved	2		0		0
OXYCODONE HCL 5 MG/5 ML SOLN	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Physician Assistant	Approved	1		0		0

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OXYCODONE HCL ER 10 MG TABLET	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Hematology	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	OTHER CHRONIC PAIN	Nurse Practitioner	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	OTHER CHRONIC PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL ER 10 MG TABLET	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE HCL ER 20 MG TABLET	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
OXYCODONE HCL ER 40 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL ER 40 MG TABLET	LUMBAGO WITH SCIATICA	Physical Medicine	Approved	1		0		0
OXYCODONE HCL ER 40 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CERVICALGIA	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN DUE TO TRAUMA	Physical Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	2		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Pain Management	Approved	11		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Physician Assistant	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	DORSALGIA, UNSPECIFIED	Neurology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	FIBROMYALGIA	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	LOW BACK PAIN	Physical Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	LOW BACK PAIN	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	MUSCULAR DYSTROPHY	Anesthesiology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	NODULAR SCLEROSIS HODGKIN LYMPHOMA, UNSPECIFIED SITE	Physical Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER CHRONIC PAIN	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER CHRONIC PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER GENERAL SYMPTOMS AND SIGNS	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	RADICULOPATHY, CERVICAL REGION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 10-325	RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	2		0		0
OXYCODONE-ACETAMINOPHEN 10-325	SPINAL STENOSIS, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Physical Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	TRIGEMINAL NEURALGIA	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	UNSPECIFIED ABDOMINAL PAIN	Internal Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
OXYCODONE-ACETAMINOPHEN 5-325	DISPL OBLIQUE FX SHAFT OF L FEMR, 7THD	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0

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OXYCODONE-ACETAMINOPHEN 5-325	LESION OF PLANTAR NERVE, LEFT LOWER LIMB	Podiatry	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	LUMBAGO WITH SCIATICA, LEFT SIDE	Physical Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	OTHER ACUTE POSTPROCEDURAL PAIN	Podiatry	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	OTHER CHRONIC PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 5-325	OTHER CHRONIC PAIN	Internal Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, General	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Surgery, Orthopedic	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Internal Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
OXYCONTIN ER	CHRONIC PAIN SYNDROME	Internal Medicine		0		0	Denied	1
OXYCONTIN ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCONTIN ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Anesthesiology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hospice And Palliative Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Neurology	Approved	1		0		0
OXYCONTIN ER 10 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Approved	1		0		0
OXYCONTIN ER 10 MG TABLET	OTH FRACTURE OF UNSP LOWER LEG, INIT FOR CLOS FX	Physician	Approved	1		0		0
OXYCONTIN ER 10 MG TABLET	OTHER CHRONIC POSTPROCEDURAL PAIN	Physical Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	PRESENCE OF UNSPECIFIED ORTHOPEDIC JOINT IMPLANT	Surgery, Orthopedic	Approved	1		0		0
OXYCONTIN ER 10 MG TABLET	RADICULOPATHY, CERVICAL REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 15 MG TABLET	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 15 MG TABLET	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
OXYCONTIN ER 15 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	1		0		0
OXYCONTIN ER 20 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 20 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
OXYCONTIN ER 20 MG TABLET	COMPLETE TRAUMATIC AMPUTATION AT KNEE LEVEL, L LOW LEG, SUBS	Surgery, Plastic	Approved	1		0		0
OXYCONTIN ER 20 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0
OXYCONTIN ER 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Approved	1		0		0
OXYCONTIN ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Internal Medicine	Denied	3	Services are not medically necessary	3		0
OXYCONTIN ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Neurology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	3	Services are not medically necessary	3		0
OXYCONTIN ER 30 MG TABLET	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
OXYCONTIN ER 30 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 30 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0

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OXYCONTIN ER 40 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
OXYCONTIN ER 40 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
OXYCONTIN ER 40 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 40 MG TABLET	LOW BACK PAIN	Pain Management	Denied	3	Services are not medically necessary	3		0
OXYCONTIN ER 40 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
OXYCONTIN ER 40 MG TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 60 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
OXYCONTIN ER 60 MG TABLET	LOW BACK PAIN	Psychiatry	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 60 MG TABLET	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
OXYCONTIN ER 80 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
OXYCONTIN ER 80 MG TABLET	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Internal Medicine	Approved	1		0		0
OXYCONTIN ER 80 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Anesthesiology	Approved	1		0		0
OXYGEN CONCENTRATOR	ACUTE RESPIRATORY DISTRESS	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	3		0		0
OXYGEN CONCENTRATOR	ATELECTASIS	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	4		0		0
OXYGEN CONCENTRATOR	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Approved	3		0		0
OXYGEN CONCENTRATOR	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	CONGENITAL HYPOTONIA	Ancillary	Approved	2		0		0
OXYGEN CONCENTRATOR	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	HB-S5 DISEASE WITH CRISIS, UNSPECIFIED	Ancillary	Approved	4		0		0
OXYGEN CONCENTRATOR	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	2		0		0
OXYGEN CONCENTRATOR	HYPOTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Ancillary	Approved	2		0		0
OXYGEN CONCENTRATOR	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	13		0		0
OXYGEN CONCENTRATOR	OTHER DISORDERS OF LUNG	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	PAIN IN UNSPECIFIED SHOULDER	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	PRIMARY CENTRAL SLEEP APNEA	Ancillary	Approved	3		0		0
OXYGEN CONCENTRATOR	PULMONARY FIBROSIS, UNSPECIFIED	Ancillary	Approved	2		0		0
OXYGEN CONCENTRATOR	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	2		0		0
OXYGEN CONCENTRATOR	RESPIRATORY ARREST	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	2		0		0

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OXYGEN CONCENTRATOR	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
OXYGEN CONCENTRATOR	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
OXYGEN PROBE USED W OXIMETER	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
OXYGEN SYSTEM GAS PORTABLE	ATELECTASIS	Ancillary	Approved	1		0		0
OXYGEN TENT EXCL CROUP/PED T	DOUBLE OUTLET RIGHT VENTRICLE	Ancillary	Approved	1		0		0
OXYMORPHONE HCL ER 10 MG TAB	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
OXYMORPHONE HCL ER 15 MG TAB	DORSALGIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	3		0		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	2		0		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH OTH CIRCULATORY COMPLICATIONS	Family Medicine	Approved	1		0		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
OZEMPIC 1 MG DOSE PEN	PREDIABETES	Endocrinology And Metabolism	Approved	1		0		0
OZEMPIC 1 MG DOSE PEN	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Internal Medicine	Approved	1		0		0
OZEMPIC 1 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
OZEMPIC 1 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
OZEMPIC 1 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
OZEMPIC 1 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
OZEMPIC 1 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OZEMPIC 1 MG DOSE PEN	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	Endocrinology And Metabolism	Approved	1		0		0
PACLITAXEL INJECTION	FEVER, UNSPECIFIED	Family Medicine	Approved	2		0		0
PACLITAXEL INJECTION	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	LOCALIZED SWELLING, MASS AND LUMP, NECK	Oncology	Approved	1		0		0
PACLITAXEL INJECTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
PACLITAXEL INJECTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
PACLITAXEL INJECTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
PACLITAXEL INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
PACLITAXEL INJECTION	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
PACLITAXEL INJECTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	4		0		0

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PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF ENDOMETRIUM	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF LEFT OVARY	Facility	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	Other	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	Gynecologic Oncology	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	Oncology	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
PACLITAXEL INJECTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
PACLITAXEL INJECTION	SHORTNESS OF BREATH	Family Medicine	Approved	1		0		0
PACLITAXEL PROTEIN BOUND	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
PACLITAXEL PROTEIN BOUND	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Hematology	Approved	1		0		0
PACLITAXEL PROTEIN BOUND	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	1		0		0
PAIN MGT OPI USE GNOTYP PNL	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
PAIN MGT OPI USE GNOTYP PNL	OPIOID USE, UNSPECIFIED, UNCOMPLICATED	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)		Emergency Medicine		0		0	Approved	1
PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Obstructive sleep apnea (adult) (pediatric)	Gastroenterology		0		0	Approved	1
PALINGEN OR PROMATRX	ACHILLES TENDINITIS, LEFT LEG	Podiatry	Denied	1	Services are not medically necessary	1		0
PALINGEN OR PROMATRX	OTHER CHRONIC PAIN	Podiatry	Denied	1	Services are not medically necessary	1		0
PALINGEN OR PROMATRX	OTHER ENTHESOPATHY OF RIGHT FOOT AND ANKLE	Podiatry	Denied	1	Services are not medically necessary	1		0
PALINGEN OR PROMATRX	PLANTAR FASCIAL FIBROMATOSIS	Podiatry	Denied	1	Services are not medically necessary	1		0
PALINGEN OR PROMATRX	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC		Internal Medicine		0		0	Denied	1
PALONOSETRON HCL	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
PALONOSETRON HCL	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Hematology	Denied	1	Services are not medically necessary	1		0
PALONOSETRON HCL	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
PALONOSETRON HCL	DEHYDRATION	Family Medicine	Approved	1		0		0
PALONOSETRON HCL	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Oncology	Approved	1		0		0
PALONOSETRON HCL	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
PALONOSETRON HCL	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0

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PALONOSETRON HCL	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
PALONOSETRON HCL	MALIG NEOPLASM OF UNSP TESTIS, UNSP DESCENDED OR UNDESCENDED	Oncology	Approved	1		0		0
PALONOSETRON HCL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
PALONOSETRON HCL	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	2		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Hematology	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Hematology	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Oncology	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Family Medicine	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF RIGHT OVARY	Oncology	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Family Medicine	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	2		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
PALONOSETRON HCL	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	Hematology	Approved	1		0		0
PALONOSETRON HCL	NAUSEA WITH VOMITING, UNSPECIFIED	Ancillary	Approved	1		0		0
PALONOSETRON HCL	NODLR LYMPHOCY PREDOM HDGKN LYMPH, NODES OF HEAD, FACE, & NK	Oncology	Approved	1		0		0
PALYNZIQ 20 MG/ML SYRINGE	CLASSICAL PHENYLKETONURIA	Clinical Genetics	Approved	1		0		0
PALYNZIQ 20 MG/ML SYRINGE	CLASSICAL PHENYLKETONURIA	Genetics	Approved	1		0		0
PANCREAS REMOVAL/TRANSPLANT	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Facility	Approved	2		0		0
PANCREAS REMOVAL/TRANSPLANT	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
PANCREAS SURGERY PROCEDURE	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Other	Approved	1		0		0
Pancreatic Cancer	Malignant neoplasm of body of pancreas	Other	Approved	1		0		0
Pancreatic Cancer	Malignant neoplasm of head of pancreas	RADIATION ONCOLOGY	Approved	1		0		0
Pancreatic Cancer	Malignant neoplasm of head of pancreas	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PANITUMUMAB INJECTION	MALIGNANT NEOPLASM OF RECTUM	Hematology	Approved	1		0		0
PANORAMIC X-RAY OF JAWS	SEC AND UNSP MALIG NEOPLASM OF NODES OF HEAD, FACE AND NECK	Dentistry	Approved	1		0		0
PANTOPRAZOLE SOD DR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Cardiac Electrophysiology		0		0	Approved	1
PANTOPRAZOLE SOD DR 20 MG TAB	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE	Family Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB		Gastroenterology	Approved	4		0		0
PANTOPRAZOLE SOD DR 40 MG TAB		Gastroenterology	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB		Surgery, General	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	ABDOMINAL AND PELVIC PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	ACUTE DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	ACUTE GASTRITIS WITHOUT BLEEDING	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	ALCOHOL ABUSE, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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PANTOPRAZOLE SOD DR 40 MG TAB	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	BARRETT'S ESOPHAGUS WITH HIGH GRADE DYSPLASIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Approved	6		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Denied	4	Services are not medically necessary	4		0
PANTOPRAZOLE SOD DR 40 MG TAB	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Internal Medicine	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	CHRONIC GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	COUGH	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Physician	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	DUODENAL ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	Internal Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	DYSKINESIA OF ESOPHAGUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	DYSPHAGIA, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	EOSINOPHILIC ESOPHAGITIS	Family Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	EPIGASTRIC PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	EPIGASTRIC PAIN	Gastroenterology	Approved	2		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	EPIGASTRIC PAIN	Internal Medicine	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	ESOPHAGEAL OBSTRUCTION	Internal Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	ESOPHAGITIS, UNSPECIFIED	Gastroenterology	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	ESOPHAGITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	FUNCTIONAL DYSPEPSIA	Physician	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRIC ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Internal Medicine	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Cardiovascular Disease	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Approved	3		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	5	Services are not medically necessary	5		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Nurse Practitioner Primary Care	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	6		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	6	Services are not medically necessary	6		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Hepatology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Denied	4	Services are not medically necessary	4		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Pediatric Surgery	Approved	1		0		0

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PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Rheumatology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Chiropractic	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	13		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	31	Services are not medically necessary	31		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Nurse Practitioner	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	21		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	27	Services are not medically necessary	27		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Hematology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	9		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	9	Services are not medically necessary	9		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Neurology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Oncology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	3		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Denied	3	Services are not medically necessary	3		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pulmonary Disease	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Surgery, Colon And Rectal	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Surgery, General	Approved	2		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Surgery, General	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTROPARESIS	Surgery, General	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GENERALIZED ABDOMINAL PAIN	Physician	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	HEART TRANSPLANT STATUS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	HEARTBURN	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	HEARTBURN	Gastroenterology	Approved	2		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	HEARTBURN	Physician	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES							
PANTOPRAZOLE SOD DR 40 MG TAB	CLASSD ELSWHR	Family Medicine	Denied	1	Services are not medically necessary	1		0

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PANTOPRAZOLE SOD DR 40 MG TAB	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Physician	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	LIVER TRANSPLANT STATUS	Pediatric Surgery	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	LONG TERM (CURRENT) USE OF NON-STEROIDAL NON-INFLAM (NSAID)	Gastroenterology	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	MELENA	Internal Medicine	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	NAUSEA WITH VOMITING, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	NAUSEA WITH VOMITING, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Family Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	OTHER SPECIFIED DISEASES OF BILIARY TRACT	Pediatric Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	PAROXYSMAL ATRIAL FIBRILLATION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	PEPTIC ULC, SITE UNSP, UNSP AS AC OR CHR, W/O HEMOR OR PERF	Family Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	PEPTIC ULC, SITE UNSP, UNSP AS AC OR CHR, W/O HEMOR OR PERF	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	PEPTIC ULC, SITE UNSP, UNSP AS AC OR CHR, W/O HEMOR OR PERF	Internal Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	PERIUMBILICAL PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	PERIUMBILICAL PAIN	Pediatric Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	ULCER OF ESOPHAGUS	Internal Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Gastroenterology	Approved	3		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	UNSPECIFIED ATRIAL FIBRILLATION	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	Physician	Denied	1	Services are not medically necessary	1		0
PANZYGA	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Internal Medicine		0		0	Denied	1
PARAFFIN BATH THERAPY	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
PARATHYRD PLANAR W/SPECT&CT	PRIMARY HYPERPARATHYROIDISM	Facility	Approved	1		0		0
PARATHYRD PLANAR W/WO SUBTRJ	BENIGN NEOPLASM OF PARATHYROID GLAND	Family Medicine	Approved	1		0		0
PARATHYRD PLANAR W/WO SUBTRJ	CALCULUS OF URETER	Family Medicine	Approved	1		0		0
PARATHYRD PLANAR W/WO SUBTRJ	HYPERPARATHYROIDISM, UNSPECIFIED	Family Medicine	Approved	1		0		0
PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	Female infertility of uterine origin	Emergency Medicine		0		0	Denied	2
PARENTERAL SOL LIPIDS 20%	PRETERM NEWBORN, GESTATIONAL AGE 33 COMPLETED WEEKS	Facility	Denied	1	Services are not medically necessary	1		0
PARICALCITOL 1 MCG CAPSULE	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Nephrology	Approved	1		0		0
PAROXETINE HCL 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
PAROXETINE HCL 40 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
PART REMOVAL OF METATARSAL	PAIN IN LEFT FOOT	Ancillary	Approved	1		0		0
PARTIAL AMPUTATION OF TOE	CUTANEOUS ABSCESS OF LEFT FOOT	Ancillary	Approved	1		0		0
PARTIAL AMPUTATION OF TOE	FLAIL JOINT, OTHER SITE	Facility	Approved	2		0		0
PARTIAL AMPUTATION OF TOE	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
PARTIAL AMPUTATION OF TOE	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W FAT LAYER EXPOSED	Ancillary	Approved	1		0		0

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PARTIAL AMPUTATION OF TOE	OSTEOMYELITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
PARTIAL AMPUTATION OF TOE	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess);deep (subfascial or intramuscular)	IDIOPTHIC ASEPTIC NECROSIS OF RIGHT FEMUR	SURGERY-ORTHOPEdic	Approved	1		0		0
Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),clavicle	DSPLCD FX L END LT CLAV SUBSQT ENC FX W/NONUNION	SURGERY-ORTHOPEdic	Approved	1		0		0
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	CHRONIC OSTEOMYELITIS W/DRAINING SINUS RT FEMUR	SURGERY-ORTHOPEdic	Approved	1		0		0
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	FIBROS INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	INSTABILITY INTERNAL RT KNEE PROSTH INITIAL ENC	ORTHOPEdic SURGERY	Approved	1		0		0
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	OSTEOPHYTE RIGHT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	2		0		0
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
PARTIAL EXCISION OF LIP	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Ancillary	Approved	1		0		0
Partial Hospital Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Approved	3
Partial Hospital Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Denied	4
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE WITH OTHER ALCOHOL-INDUCED DISORDER	Facility	Approved	1		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED	Ancillary	Approved	1		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	25		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Ancillary	Denied	2	Services are not medically necessary	2		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Facility	Approved	100		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Facility	Denied	3	Services are not medically necessary	3		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Family Medicine	Approved	4		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	4		0		0
PARTIAL HOSPITALIZATION SERV	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Ancillary	Approved	3		0		0
PARTIAL HOSPITALIZATION SERV	CANNABIS DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	2		0		0
PARTIAL HOSPITALIZATION SERV	CANNABIS DEPENDENCE, UNCOMPLICATED	Facility	Approved	10		0		0
PARTIAL HOSPITALIZATION SERV	COCAINE ABUSE WITH UNSPECIFIED COCAINE-INDUCED DISORDER	Facility	Approved	1		0		0
PARTIAL HOSPITALIZATION SERV	COCAINE DEPENDENCE, UNCOMPLICATED	Facility	Approved	7		0		0
PARTIAL HOSPITALIZATION SERV	COCAINE DEPENDENCE, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	8		0		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Ancillary	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Facility	Approved	26		0		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	2		0		0
PARTIAL HOSPITALIZATION SERV	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	2		0		0

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PARTIAL HOSPITALIZATION SERV	OTHER STIMULANT ABUSE, UNCOMPLICATED	Ancillary	Approved	2		0		0
PARTIAL HOSPITALIZATION SERV	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	5		0		0
PARTIAL HOSPITALIZATION SERV	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Facility	Approved	18		0		0
PARTIAL HOSPITALIZATION SERV	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Facility	Denied	3	Services are not medically necessary	3		0
PARTIAL HOSPITALIZATION SERV	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	4		0		0
PARTIAL HOSPITALIZATION SERV	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Facility	Approved	10		0		0
PARTIAL HOSPITALIZATION SERV	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL HYSTERECTOMY	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
PARTIAL MASTECTOMY	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
PARTIAL MASTECTOMY	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	3		0		0
PARTIAL MASTECTOMY	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	1		0		0
PARTIAL MASTECTOMY	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
PARTIAL MASTECTOMY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
PARTIAL MASTECTOMY	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
PARTIAL MASTECTOMY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
PARTIAL MASTECTOMY	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	5		0		0
PARTIAL MASTECTOMY	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
PARTIAL REMOVAL COLLAR BONE	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
PARTIAL REMOVAL COLLAR BONE	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Facility	Approved	1		0		0
PARTIAL REMOVAL COLLAR BONE	UNSP DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INIT	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL REMOVAL OF COLON	COMPLETE INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Internal Medicine	Approved	1		0		0

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PARTIAL REMOVAL OF COLON	DVRTCLOS OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	1		0		0
PARTIAL REMOVAL OF COLON	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Other	Approved	1		0		0
PARTIAL REMOVAL OF COLON	ENDOMETRIOSIS OF INTESTINE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	2		0		0
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	1		0		0
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	2		0		0
PARTIAL REMOVAL OF COLON	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	OTHER PARTIAL INTESTINAL OBSTRUCTION	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	PERFORATION OF INTESTINE (NONTRAUMATIC)	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	VESICOINTESTINAL FISTULA	Other	Approved	1		0		0
PARTIAL REMOVAL OF ELBOW	OSTEOPHYTE, RIGHT ELBOW	Facility	Approved	1		0		0
PARTIAL REMOVAL OF ELBOW	PAIN IN LEFT ELBOW	Facility	Approved	1		0		0
PARTIAL REMOVAL OF ESOPHAGUS	OTHER SPECIFIED RESPIRATORY DISORDERS	Other	Approved	1		0		0
PARTIAL REMOVAL OF FIBULA	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF FOOT BONE	NON-PRESSURE CHRONIC ULCER OTH PRT UNSP FOOT W UNSP SEVERITY	Facility	Approved	1		0		0
PARTIAL REMOVAL OF HYMEN	OTHER CONGENITAL MALFORMATIONS OF VAGINA	Facility	Approved	1		0		0
PARTIAL REMOVAL OF KIDNEY	CYST OF KIDNEY, ACQUIRED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF KIDNEY	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
PARTIAL REMOVAL OF KIDNEY	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	Facility	Approved	1		0		0
PARTIAL REMOVAL OF KIDNEY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	3		0		0
PARTIAL REMOVAL OF KIDNEY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Other	Approved	1		0		0
PARTIAL REMOVAL OF LARYNX	MALIGNANT NEOPLASM OF GLOTTIS	Facility	Approved	1		0		0
PARTIAL REMOVAL OF LIVER	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
PARTIAL REMOVAL OF LIVER	MALIGNANT NEOPLASM OF GALLBLADDER	Other	Approved	1		0		0
PARTIAL REMOVAL OF LIVER	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Facility	Approved	3		0		0
PARTIAL REMOVAL OF LIVER	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Other	Approved	1		0		0
PARTIAL REMOVAL OF LUNG	CONGENITAL CYSTIC LUNG	Facility	Approved	1		0		0
PARTIAL REMOVAL OF LUNG	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Other	Approved	1		0		0
PARTIAL REMOVAL OF LUNG	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Other	Approved	1		0		0
PARTIAL REMOVAL OF LUNG	OTHER DISORDERS OF LUNG	Other	Approved	1		0		0
PARTIAL REMOVAL OF LUNG	SOLITARY PULMONARY NODULE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Other	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF DUODENUM	Other	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Other	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Facility	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS; ANCILLARY ANESTHESIOLOGIST	K83.1 - Obstruction of bile duct	Specialist	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS; INITIAL HOSPITAL CARE	K83.1 - Obstruction of bile duct	Specialist	Approved	1		0		0
PARTIAL REMOVAL OF PHARYNX	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF PHARYNX	NEOPLASM OF UNCERTAIN BEHAVIOR OF PHARYNX	Facility	Approved	2		0		0
PARTIAL REMOVAL OF RADIUS; ANCILLARY ANESTHESIOLOGIST	M19.131 - Post-traumatic osteoarthritis, right wrist	Hand Surgery Orthopedics	Approved	1		0		0

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PARTIAL REMOVAL OF THYROID	BENIGN NEOPLASM OF PARATHYROID GLAND	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	DISORDER OF THYROID, UNSPECIFIED	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	HYPERSONMIA, UNSPECIFIED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	NONTOXIC GOITER, UNSPECIFIED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	4		0		0
PARTIAL REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL REMOVAL OF THYROID	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	POLYP OF CORPUS UTERI	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF TIBIA	PRESENCE OF RIGHT ARTIFICIAL ANKLE JOINT	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TIBIA	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TIBIA	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, SUBS ENCNTN	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TIBIA	TRAUMATIC ARTHROPATHY, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TIBIA; REMOVAL OF SUPPORT IMPLANT, DEEP; INSERT DRUG IMPLANT DEVICE; REVISION O	M86.462 - Chronic osteomyelitis with draining sinus, left tibia and fibula	Orthopedic Surgery	Approved	1		0		0
PARTIAL REMOVAL OF TOE	HALLUX VARUS (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF TOE	PAIN IN LEFT TOE(S)	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF TONGUE	HYPERTROPHY OF TONGUE PAPILLAE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TONGUE	LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TONGUE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TONGUE	MALIGNANT NEOPLASM OF BORDER OF TONGUE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TONGUE	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	Other	Approved	1		0		0
PARTIAL REMOVAL OF TONGUE	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	Facility	Approved	2		0		0
PARTIAL REMOVAL OF TONGUE	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	CARCINOMA IN SITU OF VULVA	Facility	Approved	6		0		0
PARTIAL REMOVAL OF VULVA	D07.1 - Carcinoma in situ of vulva	OB/Gyn	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	MILD VAGINAL DYSPLASIA	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL REMOVAL OF VULVA	MODERATE CERVICAL DYSPLASIA	Facility	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	NONINFLAMMATORY DISORDER OF VULVA AND PERINEUM, UNSPECIFIED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL REMOVAL OF VULVA	OTH NONINFLAMMATORY DISORDERS OF VULVA AND PERINEUM	Ancillary	Approved	2		0		0
PARTIAL REMOVAL OF VULVA	OTH NONINFLAMMATORY DISORDERS OF VULVA AND PERINEUM	Facility	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL REMOVAL OF VULVA	PELVIC AND PERINEAL PAIN	Facility	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	UNSPECIFIED HYPERTROPHY OF VULVA	Ancillary	Denied	1	Services are not medically necessary	1		0
PARTIAL REMOVAL OF VULVA	UNSPECIFIED HYPERTROPHY OF VULVA	Facility	Denied	3	Services are not medically necessary	3		0
PARTIAL THYROID EXCISION	DISORDER OF THYROID, UNSPECIFIED	HOSPITAL	Approved	1		0		0
PARTIAL THYROID EXCISION	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
PARTIAL THYROID EXCISION	NONTOXIC SINGLE THYROID NODULE	Facility	Approved	1		0		0
PATADAY 0.2% EYE DROPS	OTHER CONJUNCTIVITIS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
PATANOL 0.1% EYE DROPS	ACUTE ATOPIC CONJUNCTIVITIS, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
PATIENT LIFT ELECTRIC	CEREBELLAR STROKE SYNDROME	Ancillary	Approved	1		0		0
PATIENT LIFT ELECTRIC	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0

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PATIENT LIFT ELECTRIC	PHRENIC NERVE PARALYSIS DUE TO BIRTH INJURY	Ancillary	Denied	1	Services are not medically necessary	1		0
PATIENT LIFT ELECTRIC	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Denied	1	Services are not medically necessary	1		0
PATIENT LIFT ELECTRIC	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Ancillary	Approved	1		0		0
PATIENT LIFT HYDRAULIC	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
PATIENT LIFT HYDRAULIC	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
PATIENT LIFT HYDRAULIC	DENTAL CARIES, UNSPECIFIED	Ancillary	Approved	1		0		0
Patient programmer, neurostimulator	CHRONIC PAIN SYNDROME	SURGERY-ORTHOPEdic	Approved	1		0		0
Patient programmer, neurostimulator	COMPLEX REGIONAL PAIN SYNDROME I OTHER SPEC SITE	ANESTHESIOLOGY	Approved	1		0		0
PATTERN ERG W/I&R	DRUSEN (DEGENERATIVE) OF MACULA, RIGHT EYE	Optometry	Denied	1	Services are not medically necessary	1		0
PATTERN ERG W/I&R	OTHER LONG TERM (CURRENT) DRUG THERAPY	Optometry	Approved	1		0		0
PAXIL 10 MG/5 ML SUSPENSION	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
PAXIL 10 MG/5 ML SUSPENSION	OTHER SPECIFIED ANXIETY DISORDERS	Hospice And Palliative Medicine	Approved	1		0		0
PAXIL 10 MG/5 ML SUSPENSION	OTHER SPECIFIED ANXIETY DISORDERS	Physician	Denied	1	Services are not medically necessary	1		0
PAZEO 0.7% EYE DROPS		Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
PAZEO 0.7% EYE DROPS		Ophthalmology	Denied	1	Services are not medically necessary	1		0
PAZEO 0.7% EYE DROPS	ACUTE ATOPIC CONJUNCTIVITIS, BILATERAL	Allergy/Immunology	Denied	4	Services are not medically necessary	4		0
PAZEO 0.7% EYE DROPS	ACUTE ATOPIC CONJUNCTIVITIS, BILATERAL	Ophthalmology	Denied	2	Services are not medically necessary	2		0
PAZEO 0.7% EYE DROPS	ACUTE FOLLICULAR CONJUNCTIVITIS, BILATERAL	Ophthalmology	Denied	2	Services are not medically necessary	2		0
PAZEO 0.7% EYE DROPS	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
PAZEO 0.7% EYE DROPS	ALLERGIC RHINITIS, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
PAZEO 0.7% EYE DROPS	OTHER ALLERGIC RHINITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Allergy/Immunology	Approved	1		0		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Ophthalmology	Approved	2		0		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Ophthalmology	Denied	3	Services are not medically necessary	3		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Denied	9	Services are not medically necessary	9		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Physician Assistant	Denied	3	Services are not medically necessary	3		0
PECTIN BASED OSTOMY PASTE	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
PECTIN BASED OSTOMY PASTE	ILEOSTOMY STATUS	Ancillary	Approved	1		0		0
PED COMPR CARE PKG, PER DIEM	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	2		0		0
PED COMPR CARE PKG, PER HOUR	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	2		0		0
PEDCLE FH/CH/CH/M/N/AX/G/H/F	OTH MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PARTS OF FACE	Ancillary	Approved	1		0		0
PEDCLE FH/CH/CH/M/N/AX/G/H/F	OTHER SPECIFIED DISORDERS OF URETHRA	Facility	Approved	1		0		0
PEDCLE FH/CH/CH/M/N/AX/G/H/F	POLYCYTHEMIA VERA	Hematology	Approved	1		0		0
PEGLOTICASE INJECTION	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	Infectious Disease	Denied	1	Services are not medically necessary	1		0
PEGLOTICASE INJECTION	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	Rheumatology	Approved	1		0		0
PEGLOTICASE INJECTION	GOUT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PEGLOTICASE INJECTION	GOUT, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
PEGLOTICASE INJECTION	IDIOPATHIC CHRONIC GOUT, MULTIPLE SITES, WITH TOPHUS (TOPHI)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PEGLOTICASE INJECTION	IDIOPATHIC GOUT, MULTIPLE SITES	Nephrology	Approved	1		0		0
PEGLOTICASE INJECTION	IDIOPATHIC GOUT, MULTIPLE SITES	Rheumatology	Approved	1		0		0
PELVIC EXAMINATION; PARTIAL REMOVAL OF HYMEN	Q52.3 - Imperforate hymen	OB/Gyn	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	GLUTEAL TENDINITIS LEFT HIP	SURGERY-ORTHOPEdic	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	Facility	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0

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PEMETREXED INJECTION	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Hematology	Approved	2		0		0
PEMETREXED INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Family Medicine	Approved	2		0		0
PEMETREXED INJECTION	WEAKNESS	Family Medicine	Approved	1		0		0
PENILE INJECTION	INDURATION PENIS PLASTICA	Family Medicine	Approved	1		0		0
PENILE INJECTION; ALPROSTADIL FOR INJECTION; PAPAVERIN HCL INJECTION; PHENTOLAMINE MESYLATE INJ	E11.69 - Type 2 diabetes mellitus with other specified complication; N52.1 - Erectile dysfunction due to diseases classified elsewhere	Urology	Approved	1		0		0
PENIS PLASTIC SURGERY; CIRCUMCISION	N47.1 - Phimosis; N47.8 - Other disorders of prepuce; N48.82 - Acquired torsion of penis	Urology	Approved	1		0		0
PENLAC 8% SOLUTION	TINEA UNGUIUM	Family Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Dermatology		0		0	Approved	1
PENNSAID 2% PUMP		Rheumatology	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	ACUTE PAIN DUE TO TRAUMA	Anesthesiology	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
PENNSAID 2% PUMP	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0
PENNSAID 2% PUMP	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Denied	2	Services are not medically necessary	2		0
PENNSAID 2% PUMP	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
PENNSAID 2% PUMP	CALCIFIC TENDINITIS OF UNSPECIFIED SHOULDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	HALLUX RIGIDUS, LEFT FOOT	Sports Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	LATERAL EPICONDYLITIS, LEFT ELBOW	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	LATERAL EPICONDYLITIS, RIGHT ELBOW	Chiropractic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	LATERAL EPICONDYLITIS, RIGHT ELBOW	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	LONG TERM (CURRENT) USE OF NON-STEROIDAL NON-INFLAM (NSAID)	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Sports Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	OTH SPONDYLOSIS W MYELOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
PENNSAID 2% PUMP	PAIN IN RIGHT KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PAIN IN RIGHT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PAIN IN RIGHT SHOULDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PAIN IN UNSPECIFIED HAND	Family Nurse Practitioner	Approved	1		0		0
PENNSAID 2% PUMP	PLANTAR FASCIAL FIBROMATOSIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	POLYOSTEOARTHRITIS, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, RIGHT WRIST	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, UNSPECIFIED HAND	Rheumatology	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	Rheumatology	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Family Medicine	Denied	3	Services are not medically necessary	3		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Pain Management	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
PENNSAID 2% PUMP	RHEUMATOID BURSIITIS, LEFT HIP	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	SECONDARY MULTIPLE ARTHRITIS	Rheumatology	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, INIT	Sports Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	TRIGGER FINGER, RIGHT RING FINGER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	TROCHANTERIC BURSIITIS, LEFT HIP	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Anesthesiology	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0

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PENNSAID 2% PUMP	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	UNSP DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
PENTAZOCINE-NALOXONE TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
PENTAZOCINE-NALOXONE TABLET	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Orthopedic	Approved	1		0		0
PENTAZOCINE-NALOXONE TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physician	Approved	1		0		0
PERCOCET 10-325 MG TABLET		Psychiatry	Approved	1		0		0
PERCOCET 10-325 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	3		0		0
PERCOCET 10-325 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
PERCOCET 10-325 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
PERCOCET 10-325 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	2		0		0
PERCOCET 10-325 MG TABLET	OTHER ACUTE POSTPROCEDURAL PAIN	Pain Management	Approved	1		0		0
PERCOCET 10-325 MG TABLET	OTHER CHRONIC PAIN	Anesthesiology	Approved	1		0		0
PERCOCET 10-325 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Approved	1		0		0
PERCOCET 10-325 MG TABLET	PAIN IN RIGHT HAND	Pain Management	Approved	1		0		0
PERCOCET 10-325 MG TABLET	RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
PERCOCET 10-325 MG TABLET	RADICULOPATHY, LUMBAR REGION	Internal Medicine	Approved	1		0		0
PERCOCET 5-325 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
PERCOCET 5-325 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
PERCOCET 7.5-325 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
PERCUT BX LUNG/MEDIASTINUM	ACUTE RESPIRATORY DISTRESS	Facility	Approved	1		0		0
PERCUT BX LUNG/MEDIASTINUM	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Facility	Approved	1		0		0
PERCUT BX LUNG/MEDIASTINUM	PERSONAL HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED	Facility	Approved	2		0		0
PERCUT BX LUNG/MEDIASTINUM	POSTPROC SEROMA OF A MS STRUCTURE FOL A MS SYS PROCEDURE	Facility	Approved	2		0		0
PERCUT BX LUNG/MEDIASTINUM	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	2		0		0
PERCUT BX LUNG/MEDIASTINUM	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	Postlaminectomy syndrome, not elsewhere classified	Allergy/Immunology		0		0	Denied	1
PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	RADICULOPATHY, LUMBAR REGION	Physician		0		0	Denied	1
PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	CONTRACTURE, RIGHT SHOULDER	Internal Medicine		0		0	Denied	1
Percutaneous lysis of epidural adhesion using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhiPolysis; 1 day	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Percutaneous lysis of epidural adhesion using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhiPolysis; 1 day	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
PERCUTANEOUS SKELETAL FIXATION OF DISTAL RAD	S52.322D - Displaced transverse fracture of shaft of left radius, subsequent encounter for closed fracture with routine healing	Hand Surgery Orthopedics	Approved	1		0		0

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PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE, FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	ATRIAL SEPTAL DEFECT	Psychiatry		0		0	Denied	1
PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE, FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	CEREBRAL INFARCTION, UNSPECIFIED	Obstetrics/Gynecology		0		0	Approved	1
PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUPE	PAROXYSMAL ATRIAL FIBRILLATION	Dermatology		0		0	Denied	1
PERCUTANEOUS TRANSLUMINAL MECH THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, ANY METHOD; DECLOTTI	N18.6 - End stage renal disease	Internal Medicine Nephrology	Approved	1		0		0
PERIPROSTHETIC CAPSULECTOMY, BREAST	Hypertrophy of breast	Dermatology		0		0	Denied	1
PERQ CERVICOTHORACIC INJECT	UNSP FRACTURE OF T11-T12 VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
PERQ CLSR TCAT L ATR APNDGE	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
PERQ CLSR TCAT L ATR APNDGE	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	3		0		0
PERQ CLSR TCAT L ATR APNDGE	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
PERQ CLSR TCAT L ATR APNDGE	PAROXYSMAL ATRIAL FIBRILLATION	Other	Denied	1	Services are not medically necessary	1		0
PERQ CLSR TCAT L ATR APNDGE	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
PERQ DEV BREAST 1ST US IMAG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
PERQ LUMBOSACRAL INJECTION	ARTHRODESIS STATUS	Facility	Approved	1		0		0
PERQ LUMBOSACRAL INJECTION	INTRAHEPATIC BILE DUCT CARCINOMA	Facility	Approved	1		0		0
PERQ TRANSCATH CLOSURE PDA	ATRIAL SEPTAL DEFECT	Facility	Approved	1		0		0
PERQ TRANSCATH CLOSURE PDA	PATENT DUCTUS ARTERIOSUS	Facility	Approved	3		0		0
PERQ TRANSCATH SEPTAL REDUXN	ATRIOVENTRICULAR BLOCK, COMPLETE	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	Pain Management	Approved	2		0		0
PERQ VERTEBRAL AUGMENTATION	INTRAHEPATIC BILE DUCT CARCINOMA	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
PERQ VERTEBRAL AUGMENTATION	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	OTH FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Sports Medicine	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	Ancillary	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	Pain Management	Denied	1	Services are not medically necessary	1		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF T5-T6 VERTEBRA, INIT	Facility	Approved	2		0		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF T7-T8 VERTEBRA, INIT	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF UNSP LUMBAR VERTEBRA, INIT	Internal Medicine	Approved	3		0		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF UNSP THOR VERTEBRA, SEQUELA	Facility	Denied	2	Services are not medically necessary	2		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF UNSP THOR VERTEBRA, SEQUELA	Physical Medicine	Denied	3	Services are not medically necessary	3		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF UNSP THORACIC VERTEBRA, INIT	Facility	Approved	2		0		0

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PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF UNSP THORACIC VERTEBRA, INIT	Facility	Denied	1	Services are not medically necessary	1		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRSN FX T7-T8 VERTEBRA, SUBS FOR FX W ROUTN HEAL	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRSN FX UNSP LUM VERTEBRA, SUBS FOR FX W DELAY HEAL	Surgery, Neurological	Approved	1		0		0
PERTZYE DR 16,000 UNIT CAPSULE	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
PERTZYE DR 16,000 UNIT CAPSULE	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	1		0		0
PERTZYE DR 24,000 UNIT CAPSULE	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Pediatric Pulmonology	Approved	2		0		0
PERTZYE DR 24,000 UNIT CAPSULE	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
PET BRAIN; metabolic evaluation	AGE-RELATED COGNITIVE DECLINE	Imaging Center	Approved	1		0		0
PET BRAIN; metabolic evaluation	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB	NEUROLOGY	Approved	1		0		0
PET BRAIN; metabolic evaluation	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
PET BRAIN; metabolic evaluation	LOC-REL IDIO EPI W/SEIZ LOC ONSET INTRACT W/SE	NEUROLOGY	Approved	1		0		0
PET BRAIN; metabolic evaluation	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	HOSPITAL	Approved	1		0		0
PET BRAIN; metabolic evaluation	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	NEUROLOGY	Approved	1		0		0
PET BRAIN; metabolic evaluation	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	NEUROSURGERY	Approved	1		0		0
PET BRAIN; metabolic evaluation	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
PET BRAIN; metabolic evaluation	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
PET BRAIN; metabolic evaluation	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROSURGERY	Approved	1		0		0
PET BRAIN; metabolic evaluation	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
PET BRAIN; metabolic evaluation	OTHER AMNESIA	NEUROLOGY	Approved	1		0		0
PET BRAIN; metabolic evaluation	OTHER AMNESIA	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
PET BRAIN; metabolic evaluation	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET BRAIN; metabolic evaluation	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	NEUROLOGY	Approved	2		0		0
PET BRAIN; perfusion evaluation	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
PET CARDIAC, myocardial imaging, metabolic evaluation	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR SURGERY	Approved	1		0		0
PET CARDIAC, myocardial imaging, metabolic evaluation	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, metabolic evaluation	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR SURGERY	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, metabolic evaluation	HYPOKALEMIA	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, metabolic evaluation	SARCOID MYOCARDITIS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, metabolic evaluation	SARCOIDOSIS OF LUNG	CARDIOLOGIST	Approved	3		0		0
PET CARDIAC, myocardial imaging, metabolic evaluation	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, metabolic evaluation	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0

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PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ACTIVATED PROTEIN C RESISTANCE	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ANEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ART W/ANGINA PECTORIS DOC SPASM	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	4	Services are not medically necessary	4		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR SURGERY	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	7		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	5	Services are not medically necessary	5		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	8		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR SURGERY	Denied	2	Services are not medically necessary	2		0

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PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	4		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	DIABETES MELLITUS D/T UNDERLYING COND W/O COMP	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	DISSECTION OF ABDOMINAL AORTA	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	DIZZINESS AND GIDDINESS	CARDIOVASCULAR	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	6	Services are not medically necessary	6		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HEART FAILURE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HEART TRANSPLANT STATUS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HEREDITARY DEFICIENCY OTHER CLOTTING FACTORS	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	4		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	7		0		0

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PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	INTERNAL MEDICINE	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	LEUKEMIA UNSPEC NOT HAVING ACHIEVED REMISSION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	LUPUS ANTICOAGULANT SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MALIGNANT NEOPLASM OF PROSTATE	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Approved	6		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Approved	6		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	MORBID SEVERE OBESITY W/ALVEOLAR HYPOVENTILATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	NON-ST ELEVATION MYOCARDIAL INFARCTION	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OBESITY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OBESITY UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOLOGY & INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OLD MYOCARDIAL INFARCTION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER FATIGUE	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER FORMS OF ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER SPECIFIED GLAUCOMA	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OVERWEIGHT	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OVERWEIGHT	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PAIN IN LEG UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PAIN IN RIGHT LEG	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PAIN IN UNSPECIFIED LOWER LEG	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PALPITATIONS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PALPITATIONS	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PALPITATIONS	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PALPITATIONS	INTERNAL MEDICINE	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	POSTINFARCTION ANGINA	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PRECORDIAL PAIN	CARDIOLOGIST	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PRECORDIAL PAIN	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PRECORDIAL PAIN	INTERNAL MEDICINE	Approved	1		0		0

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PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PRECORDIAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PRESENCE OF OTHER CARDIAC IMPLANTS AND GRAFTS	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	6		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	7		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ST ELEVATION MI INVOLV OTH CORONARY ART INF WALL	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	CARDIOLOGIST	Approved	2		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	12		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	6	Services are not medically necessary	6		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	3		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	Unknown	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	Unknown	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	Unknown	CARDIOVASCULAR DISEASE	Approved	5		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	Unknown	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	UNSPECIFIED ATHEROSCLEROSIS	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	VENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0

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PET CARDIAC, myocardial imaging, perfusion; single study at rest or stress	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; single study at rest or stress	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
PET IMAGE W/CT FULL BODY	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
PET IMAGE W/CT FULL BODY	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Physician Assistant	Approved	1		0		0
PET IMAGE W/CT FULL BODY	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NULL	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Oncology	Approved	2		0		0
PET IMAGE W/CT SKULL-THIGH	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Family Medicine	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	HOSPITAL	Approved	2		0		0
PET IMAGE W/CT SKULL-THIGH	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	RADIOLOGY	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	NODULAR SCLER HODGKIN LYMPH, EXTRNOD AND SOLID ORGAN SITES	Facility	Approved	2		0		0
PET IMAGE W/CT SKULL-THIGH	OTHER MALIGNANT NEUROENDOCRINE TUMORS	MEDICAL ONCOLOGY	Approved	1		0		0
PET Imaging, limited area (eg, chest, head/neck)	MALIGNANT NEOPLASM OF BORDER OF TONGUE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET Imaging, limited area (eg, chest, head/neck)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET Imaging; skull base to mid-thigh	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
PET Imaging; skull base to mid-thigh	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	HOSPITAL	Denied	2	Services are not medically necessary	2		0
PET Imaging; skull base to mid-thigh	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET Imaging; skull base to mid-thigh	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	HEMATOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	CHRONIC MENINGITIS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	DISORDER OF ADRENAL GLAND UNSPECIFIED	HOSPITAL	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	FOLLICULAR LYMPHOMA GRADE I EXTRANOD SOLID ORGAN	INTERNAL MEDICINE	Approved	1		0		0

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PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	HODGKIN LYMPHOMA UNS INTRATHORACIC NODES	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	LYMPHOCYTE-RICH CLASSICAL HL NODES ING & LW LIMB	HEMATOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	3		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	NEUROLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	SURGERY- PLASTIC	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF SCALP AND NECK	INTERNAL MEDICINE	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	HEMATOLOGY	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	PEDIATRICS	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	SURGERY-ORTHOPEDIC	Approved	1		0		0

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PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS	HEMATOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	SURGERY-GENERAL	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM OVERLAPPING SITES ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	SURGERY- PLASTIC	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	PEDIATRICS	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MERKEL CELL CARCINOMA OF OTHER PART OF TRUNK	NURSE PRACTITIONER	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	GENERAL PRACTICE	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	3		0		0

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PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	PHYSICIAN ASSISTANT	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MYCOSIS FUNGOIDES UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MYCOSIS FUNGOIDES UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	CRANIOMAXILLOFACIAL SURGERY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NEOPLASM UNCERT BHV LYMPHOID HP & REL TISSUE UNS	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	OTHER	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	NURSE PRACTITIONER	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	NURSE PRACTITIONER	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	OTHER	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	SURGERY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	OTHER	Approved	2		0		0

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PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	UNS B-CELL LYMPHOMA EXTRANODL & SOLID ORGAN SITE	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	ZOSTER WITH OTHER COMPLICATIONS	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT for attenuation correction and anatomical localization); limited area	ABNORMAL BRAIN SCAN	NEUROLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	SURGERY-COLON/RECTAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ABNORMAL RESULTS OF THYROID FUNCTION STUDIES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ABNORMAL WEIGHT LOSS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ACUTE LYMPHADENITIS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	HOSPITAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ATELECTASIS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CARCINOID SYNDROME	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CARCINOID SYNDROME	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CARCINOMA IN SITU THYROID & OTH ENDOCRINE GLANDS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	HOSPITAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	COUGH	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIARRHEA UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE FOLLICLE CENTER LYMPHOMA SPLEEN	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE FOLLICLE CENTER LYMPHOMA SPLEEN	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	Physician	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA INTRA-ABD NODES	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODE HEAD FACE NCK	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODE ING & LW LIMB	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES AX & UP LMB	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES AX & UP LMB	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HOSPITAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISEASE OF SPLEEN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISORDER OF ADRENAL GLAND UNSPECIFIED	HOSPITAL	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISORDER OF BONE UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ENLARGED LYMPH NODES UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ENLARGED LYMPH NODES UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	EXTRAMEDLLARY PLASMACYTOMA NOT ACHIEVE REMISSION	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FEVER UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE I INTRA-ABDOM NODES	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE I INTRATHORACIC NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & NCK	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE II EXTRANOD SOLID ORGN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE II NODES MULTI SITES	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE II UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE IIIB NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNS INTRA-ABD LYMPH NODES	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNS LYM NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNS NODES AXILLA & UP LIMB	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNS XTRANOD & SLID ORGN SITE	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNSPEC LYMPH NODES MX SITES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNS INTRA-ABDOMINAL NODES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNS INTRATHORACIC NODES	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNS LYMPH NODES MULTIPLE SITE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	Imaging Center	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	INTRAHEPATIC BILE DUCT CARCINOMA	GASTROENTEROLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	INTRAHEPATIC BILE DUCT CARCINOMA	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	INTRAHEPATIC BILE DUCT CARCINOMA	Imaging Center	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LEFT LOWER QUADRANT PAIN	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED ENLARGED LYMPH NODES	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED SWELLING MASS AND LUMP TRUNK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LYMPHOCYTE-RICH CLASSICAL HL NODES HEAD FACE NCK	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	NUCLEAR MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM OVLAP SITE OTH ILL-DEFINED SITES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	5	Services are not medically necessary	5		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	8		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	4		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF THE ILEUM	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF THE RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMORS OF OTHER SITES	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF SCALP AND NECK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF SCALP AND NECK	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF SCALP AND NECK	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONN SOFT TISS HEAD FACE NECK	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM GREATER CURVATURE STOMACH UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LATERAL WALL OF NASOPHARYNX	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LATERAL WALL OF NASOPHARYNX	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE	COLON AND RECTAL SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE UNS BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANAL CANAL	HOSPITAL	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	5		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BASE OF TONGUE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BASE OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BASE OF TONGUE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BODY OF PANCREAS	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BODY OF STOMACH	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BORDER OF TONGUE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CARDIA	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CECUM	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CECUM	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	10		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOCERVIX	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOCERVIX	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	RADIATION ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Approved	4		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF EXOCERVIX	GYNECOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF EXOCERVIX	GYNECOLOGY	Denied	3	Services are not medically necessary	3		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	RADIATION ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LABIUM MINUS	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGE	RADIATION THERAPY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LEFT OVARY	HEMATOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LEFT OVARY	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MANDIBLE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MAXILLARY SINUS	PLASTIC SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OVERLAPPING SITES LARYNX	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	RADIATION ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PANCREATIC DUCT	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PELVIS	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	OPHTHALMOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	OTHER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	OTHER	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	SURGERY- UROLOGICAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	7	Services are not medically necessary	7		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	Approved	5		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	7		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	RADIATION THERAPY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT OVARY	HOSPITAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	4		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SPINAL CORD	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THYMUS	SURGERY-THORACIC	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	SURGERY-HEAD AND NECK	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF URINARY ORGAN UNSPECIFIED	UROLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF VAGINA	ONCOLOGY	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF VULVA UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Approved	6		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE UNS FEMAL BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAPPING SITE CORPUS UTERI	GYNECOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAPPING SITES ESOPHAGUS	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAPPING SITES ESOPHAGUS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAPPING SITES OF TONGUE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVLAP SITE UNS BRONCH & LUNG	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM POSTERIOR WALL OF NASOPHARYNX	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	FAMILY PRACTICE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	PHYSICIAN ASSISTANT	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	4		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	5		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	SURGERY-THORACIC	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE UNS BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	Imaging Center	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MELENA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MESOTHELIOMA OF PLEURA	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MESOTHELIOMA OF PLEURA	ONCOLOGY	Denied	4	Services are not medically necessary	4		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MESOTHELIOMA OF PLEURA	THORACIC SURGERY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MESOTHELIOMA UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MYCOSIS FUNGOIDES UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MYCOSIS FUNGOIDES UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM OF UNS BEHAVIOR RESPIRATORY SYSTEM	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM UNCERT BHV LYMPHOID HP & REL TISSUE UNS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM UNCERTAIN BEHAVIOR OF SMALL INTESTINE	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM UNCERTAIN BHV OTH SPEC DIGESTIVE ORGAN	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROS CLASS HODGKIN LYMPHOMA UNS SITE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROSIS CLASS HL EXTRANODL SOLID ORGAN	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROSIS CLASS HL INTRATHORACIC NODES	HEMATOLOGY	Approved	4		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROSIS CLASS HL NODES AXILLA UP LIMB	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROSIS CLASS HL NODES HEAD FACE NECK	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULR LYMPHCYT PREDOM HL INGUINAL RGN & LW LIMB	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-FOLLICULAR LYMPHOMA UNS NODES HEAD FCE & NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS INTRA-ABDOMINAL NODES	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS INTRA-ABDOMINAL NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS INTRAPELVIC NODES	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS INTRATHORACIC NODES	SURGERY-THORACIC	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS NODES HEAD FACE & NECK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS NODES MULTIPLE SITES	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH CLASSICAL HL XTRANOD & SOLID ORGAN SITE	SURGERY-HEAD AND NECK	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH CLASSICAL HODGKIN LYMPHOMA NODES MX SITES	INTERNAL MEDICINE	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH NON-FOLLICULAR LYMPHOMA EXTRANOD SOLID ORGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH NON-FOLLICULAR LYMPHOMA NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH NON-FOLLICULAR LYMPHOMA NODES MULTIPLE SITE	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH TYPES FOLLICULAR LYMPHOMA INTRA-ABD NODES	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH TYPES NON-HODGKIN LYMPH EXTRANOD SOLID ORGAN	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER ABNORMAL TUMOR MARKERS	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER CIRRHOSIS OF LIVER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER DISORDERS OF LUNG	PULMONARY DISEASES	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER EMPHYSEMA	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER MALIGNANT NEUROENDOCRINE TUMORS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER MALIGNANT NEUROENDOCRINE TUMORS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER MALIGNANT NEUROENDOCRINE TUMORS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	7		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY-THORACIC	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER PULMONARY COLLAPSE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER SPECIFIED DISEASES OF LIVER	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER TYPES OF FOLLICULAR LYMPHOMA UNSPEC SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERIPH T-CELL LYMPHOMA NC NODES MULTIPLE SITES	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HISTORY OF NON-HODGKIN LYMPHOMAS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HX MALIG NEOPLASM OTH ORGANS & SYSTEMS	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HX OTH MAL NEO LYMPHD HEMATOPOIET TISS	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER	HEMATOLOGY	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	RADICULOPATHY THORACIC REGION	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SARCOIDOSIS OF LUNG	FAMILY PRACTICE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SEC & UNS MALIG NEOPLASM INTRAPELVIC LYMPH NODES	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	RADIATION THERAPY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	SURGERY-GENERAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF BONE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM UNS ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISS	HOSPITAL	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	6		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	11		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Denied	6	Services are not medically necessary	6		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	THORACIC SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SQUAMOUS CELL CA SKIN RT EAR EXT AURICULAR CANAL	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP & NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	THROMBOCYTOPENIA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Unknown	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Unknown	UROLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNS B-CELL LYMPHOMA EXTRANODL & SOLID ORGAN SITE	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNS B-CELL LYMPHOMA LYMPH OF NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNS MALIGNANT NEOPLASM SKIN OTHER PARTS FACE	SURGERY-GENERAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED BACKGROUND RETINOPATHY	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HOSPITAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	Approved	1		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	PLASTIC SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	WALDENSTROM MACROGLOBULINEMIA	INTERNAL MEDICINE	Approved	1		0		0
PEXEVA 30 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC	Psychiatry	Approved	1		0		0
PHARMACY COMP/DISP SERV	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	1		0		0
PHARMACY COMP/DISP SERV	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
PHENOBARBITAL 32.4 MG TABLET	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Physical Medicine	Approved	1		0		0
PHENTERMINE 37.5 MG CAPSULE	OVERWEIGHT	Family Medicine	Denied	1	Services are not medically necessary	1		0
PHENTERMINE 37.5 MG TABLET	METABOLIC DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	CHRONIC VENOUS HYPERTENSION W/O COMP OF R LOW EXTREM	Facility	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	EFFUSION, RIGHT KNEE	Surgery, General	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	OTHER ABNORMAL GLUCOSE	Cardiovascular Disease	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Facility	Approved	5		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Nephrology	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology	Approved	4		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology, Diagnostic	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Thoracic	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Vascular & Interventional Radiology	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Dermatology	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Facility	Approved	4		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Ancillary	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Approved	4		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	4		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Approved	3		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	6		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Thoracic	Approved	2		0		0
PHLEBOTOMY	POLYCYTHEMIA VERA	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
PHOTOCHEMOTHERAPY WITH UV-B	LOCALIZED SCLERODERMA [MORPHEA]	Facility	Approved	2		0		0

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PHOTOPHERESIS	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
PHOTOPHERESIS	LOCALIZED SCLERODERMA [MORPHEA]	Facility	Approved	3		0		0
PHOTOPHERESIS	MYCOSIS FUNGOIDES, UNSPECIFIED SITE	Facility	Approved	1		0		0
PHOTOPHERESIS	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Facility	Approved	1		0		0
PHOTOPHERESIS, EXTRACORPOREAL	MYCOSIS FUNGOIDES, UNSPECIFIED SITE	Emergency Medicine		0		0	Approved	1
PHYSICAL PERFORMANCE TEST	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY; OCCUPTIONAL THERPAY EVALUATION, HIGH COMPLEXITY; EVA	I63.9 - Cerebral infarction, unspecified	Rehabilitation Medicine	Approved	1		0		0
PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY,; PHYSICAL THERAPY TREATMENT	G89.29 - Other chronic pain; M25.511 - Pain in right shoulder; R20.2 - Paresthesia of right upper extremity	Internal Medicine	Approved	1		0		0
PHYSICAL THERAPY RE-EVALUATION	PAIN IN UNSPECIFIED KNEE	Physical Therapy		0		0	Denied	1
PHYSICAL THERAPY TREATMENT	BENIGN PAROXYSMAL VERTIGO, BILATERAL	ACUTE INPATIENT REHABILITATION	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	DISP FX OF MED CONDYLE OF R TIBIA, 7THP	HOSPITAL	Approved	2		0		0
PHYSICAL THERAPY TREATMENT	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	HOSPITAL	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	HOSPITAL	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	PAIN IN LEFT KNEE	HOSPITAL	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	PAIN IN RIGHT KNEE	HOSPITAL	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	PAIN IN RIGHT SHOULDER	HOSPITAL	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	HOSPITAL	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	1		0		0
PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH NECROSIS OF MUSCLE	Pediatric Endocrinology		0		0	Approved	1
PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS	Dermatology		0		0	Approved	1
PIERCE SKULL & REMOVE CLOT	NONTRAUMATIC CHRONIC SUBDURAL HEMORRHAGE	Facility	Approved	1		0		0
PIERCE SKULL IMPLANT DEVICE	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Family Medicine	Approved	1		0		0
PIERCE SKULL IMPLANT DEVICE	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Other	Approved	1		0		0
PIN FINGER DISLOCATION	OTHER FRACTURE OF LEFT FOOT, INIT	Ancillary	Approved	1		0		0
PIN FINGER FRACTURE EACH	DISP FX OF DISTAL PHALANX OF RIGHT RING FINGER, INIT	Ancillary	Approved	1		0		0
PIQRAY 200 MG DAILY DOSE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Oncology	Denied	1	Services are not medically necessary	1		0
PLACE CATH CAROTD ART	CEREBRAL ANEURYSM, NONRUPTURED	Facility	Approved	4		0		0
PLACE CATH CAROTD ART	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
PLACE CATH CAROTD ART	HYDROCEPHALUS, UNSPECIFIED	Facility	Approved	1		0		0
PLACE CATH CAROTD ART	I67.1 - Cerebral aneurysm, nonruptured	Neurosurgery	Approved	1		0		0
PLACE CATH CAROTD ART	MOYAMOYA DISEASE	Facility	Approved	2		0		0
PLACE CATH CAROTD ART	OCCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	Facility	Approved	1		0		0
PLACE CATH CAROTD ART; PLACE CATH VERTEBRAL ART; PLACE CATH XTRNL CAROTID; 3D RENDERING W/POSTPROC	I67.1 - Cerebral aneurysm, nonruptured	Neurosurgery	Approved	1		0		0
PLACE CATH CAROTID/INOM ART	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
PLACE CATH SUBCLAVIAN ART	STRICTURE OF ARTERY	Facility	Approved	1		0		0
PLACE CATH VERTEBRAL ART	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSP INTRACRAN ART	Facility	Approved	1		0		0

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PLACE CATH VERTEBRAL ART	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Facility	Approved	1		0		0
PLACE CATH VERTEBRAL ART; PLACE CATH SUBCLAVIAN ART; PLACE CATH CAROTD ART; 3D RENDERING W/POSTPRO	I60.7 - Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Surgery	Approved	1		0		0
PLACE CATHETER IN AORTA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
PLACE CATHETER IN ARTERY	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
PLACE CATHETER IN VEIN	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	Facility	Denied	1	Services are not medically necessary	1		0
PLACE GASTROSTOMY TUBE PERC	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Facility	Approved	1		0		0
PLACE RT DEVICE/MARKER PROS	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
PLACE RT DEVICE/MARKER PROS	MALIGNANT NEOPLASM OF PROSTATE	Surgery, General	Approved	1		0		0
PLACE RT DEVICE/MARKER PROS	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	4		0		0
PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCL DX CHOLANGIOGRAPHY WHEN PERF,EXTERNAL;	C22.1 - Intrahepatic bile duct carcinoma	Hematology/Oncology	Approved	1		0		0
PLAQUENIL 200 MG TABLET	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
PLASTIC EYE PROSTH CUSTOM	ACQUIRED ABSENCE OF EYE	Ancillary	Approved	1		0		0
PLASTIC EYE PROSTH CUSTOM	ENCOUNTER FOR FITTING AND ADJUSTMENT OF ARTIFICIAL RIGHT EYE	Ancillary	Approved	1		0		0
PLCG2 GENE COMMON VARIANTS	OTHER CHRONIC SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
PLERIXAFOR INJECTION	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
PLEXION 9.8-4.8% CLNSING CLOTH	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
PLEXION 9.8-4.8% CREAM	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
PLMT BILIARY DRAINAGE CATH	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Facility	Approved	1		0		0
P-MASTECTOMY W/LN REMOVAL	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
P-MASTECTOMY W/LN REMOVAL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
P-MASTECTOMY W/LN REMOVAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	1		0		0
PMP22 GENE DUP/DELET	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	7		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	7	Services are not medically necessary	7		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE DUP/DELET VARIANTS	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	2		0		0
PMS2 GENE DUP/DELET VARIANTS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	2		0		0
PMS2 GENE FULL SEQ ANALYSIS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0

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PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	7		0		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	7	Services are not medically necessary	7		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	2		0		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	GENERALIZED ABDOMINAL PAIN	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	5	Services are not medically necessary	5		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF PARIETAL LOBE	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	OTH TEAR OF LAT MENS C, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
PMS2 GENE FULL SEQ ANALYSIS	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	2		0		0
PMS2 GENE FULL SEQ ANALYSIS	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Pathology	Approved	1		0		0
PN SOLN NOS 10 GRAMS LIPIDS	FEMALE INFERTILITY OF UTERINE ORIGIN	Ancillary	Denied	1	Services are not medically necessary	1		0
PNEUM COMPRES W/CAL PRESSURE	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Ancillary	Approved	1		0		0
PNEUM COMPRES W/CAL PRESSURE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
PNEUM COMPRES W/CAL PRESSURE	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	14		0		0
PNEUM COMPRES W/CAL PRESSURE	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0

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PNEUM COMPRES W/CAL PRESSURE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
PNEUM COMPRES W/CAL PRESSURE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	3		0		0
PNEUM FULL LEG SPLNT PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	1		0		0
PNEUMA COMPRESOR NON-SEGMENT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
PNEUMA COMPRESOR NON-SEGMENT	OTHER OVARIAN CYST, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	ALTERED MENTAL STATUS, UNSPECIFIED	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF DISTAL PHALANX OF RIGHT GREAT TOE, INIT	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	NONDISPLACED UNSP FRACTURE OF LEFT GREAT TOE, INIT	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	OTHER ENTHESOPATHY OF RIGHT FOOT AND ANKLE	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	OTHER SPECIFIED JUVENILE OSTEOCHONDROSIS	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN LEFT FOOT	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	2		0		0
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN RIGHT FOOT	Ancillary	Approved	5		0		0
PNEUMA/VAC WALK BOOT PRE OTS	PATH FX IN NEOPLTC DISEASE, L FOOT, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	3		0		0
PNEUMA/VAC WALK BOOT PRE OTS	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	3		0		0
PNEUMA/VAC WALK BOOT PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
PNEUMA/VAC WALK BOOT PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTN	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	STRESS FRACTURE, LEFT FIBULA, INITIAL ENCOUNTER FOR FRACTURE	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	UNSP FRACTURE OF LEFT TALUS, INIT ENCNTN FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
PNEUMA/VAC WALK BOOT PRE OTS	UNSPECIFIED INJURY OF RIGHT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	ABNORMAL FINDINGS ON DX IMAGING OF HEART AND COR CIRC	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, LEFT LEG	Ancillary	Approved	13		0		0

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PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, RIGHT LEG	Ancillary	Approved	13		0		0
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, UNSPECIFIED LEG	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	ACUTE PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	BUNION OF LEFT FOOT	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	BUNION OF RIGHT FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	CALCIFIC TENDINITIS, OTHER SITE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	CELLULITIS OF LEFT LOWER LIMB	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	CONGENITAL TALIPES EQUINOVARUS	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	6		0		0
PNEUMAT WALKING BOOT PRE CST	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISLOCATION OF TARSOMETATARSAL JOINT OF LEFT FOOT, INIT	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	DISLOCATION OF TARSOMETATARSAL JOINT OF RIGHT FOOT, SEQUELA	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISORDER OF BONE, UNSPECIFIED	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISP FX OF BODY OF RIGHT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	4		0		0
PNEUMAT WALKING BOOT PRE CST	DISP FX OF NAVICULAR OF UNSP FOOT, SUBS FOR FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISPL SPIRAL FX SHAFT OF L TIBIA, 7THD	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	DISPLACED BIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	Ancillary	Approved	3		0		0
PNEUMAT WALKING BOOT PRE CST	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	DISPLACED UNSP FRACTURE OF RIGHT GREAT TOE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	ENTHESOPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	FLAT FOOT [PES PLANUS] (ACQUIRED), UNSPECIFIED FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	FRACTURE OF BODY OF STERNUM, INIT ENCENR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	FRACTURE OF UNSP METATARSAL BONE(S), LEFT FOOT, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	FRACTURE OF UNSP METATARSAL BONE(S), RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	HALLUX RIGIDUS, RIGHT FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	HALLUX VARUS (ACQUIRED), RIGHT FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0

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PNEUMAT WALKING BOOT PRE CST	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	IDIOPATHIC GOUT, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	JUVENILE OSTEOCHONDROSIS OF TARSUS, RIGHT ANKLE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	MUSCLE SPASM OF BACK	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THD	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THG	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF BODY OF LEFT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	3		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF CUBOID BONE OF RIGHT FOOT, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF DISTAL PHALANX OF RIGHT GREAT TOE, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Approved	4		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	8		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF INTERMEDIATE CUNEIFORM OF RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF LEFT FIBULA, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF THIRD METATARSAL BONE, RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	NONDISP TRIMALLEOL FX L LOW LEG, 7THD	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	7		0		0
PNEUMAT WALKING BOOT PRE CST	OSTEOCHONDRITIS DISSECANS, R ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OSTEONECROSIS DUE TO PREVIOUS TRAUMA, LEFT ANKLE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTH CONGEN MALFORM OF LOWER LIMB(S), INCLUDING PELVIC GIRDLE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF LOWER END OF LEFT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF LEFT FIBULA, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INIT	Ancillary	Approved	2		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PNEUMAT WALKING BOOT PRE CST	OTH FX UPR & LOW END L FIBULA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	4		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER CHEST PAIN	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER ENTHESOPATHY OF RIGHT FOOT AND ANKLE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER PHYSEAL FRACTURE OF LEFT METATARSAL, 7THG	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED JOINT	Ancillary	Approved	3		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER SPRAIN OF LEFT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER SPRAIN OF RIGHT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	14		0		0
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT FOOT	Ancillary	Approved	24		0		0
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT KNEE	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	12		0		0
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT FOOT	Ancillary	Approved	12		0		0
PNEUMAT WALKING BOOT PRE CST	PERITONSILLAR ABSCESS	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	PERONEAL TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	PERONEAL TENDINITIS, RIGHT LEG	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	7		0		0
PNEUMAT WALKING BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Ancillary	Approved	5		0		0
PNEUMAT WALKING BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	Ancillary	Approved	3		0		0
PNEUMAT WALKING BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SLTR-HARIS TYPE I PHYSEAL FX LOWER END OF R FIBULA, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SLTR-HARIS TYPE III PHYSEAL FX LOWER END OF R TIBIA, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF CALCANEOFIBULAR LIGAMENT OF UNSP ANKLE, SUBS	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	4		0		0
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNR	Ancillary	Approved	10		0		0

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PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	Ancillary	Approved	13		0		0
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	Ancillary	Approved	8		0		0
PNEUMAT WALKING BOOT PRE CST	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, R LEG, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	STRAIN MUSC/TEND POST GRP AT LOW LEG LEVEL, RIGHT LEG, INIT	Ancillary	Approved	3		0		0
PNEUMAT WALKING BOOT PRE CST	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, RIGHT LEG, INIT	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	STRESS FRACTURE, LEFT FOOT, INITIAL ENCOUNTER FOR FRACTURE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	STRESS FRACTURE, LEFT FOOT, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	STRESS FRACTURE, LEFT TIBIA, INITIAL ENCOUNTER FOR FRACTURE	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	TORUS FRACTURE OF UPPER END OF RIGHT FIBULA, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	TORUS FX LOWER END OF LEFT FIBULA, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	3		0		0
PNEUMAT WALKING BOOT PRE CST	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF LEFT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF LEFT FOOT, INIT ENCNTR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF LOWER END OF RIGHT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF RIGHT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	2		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF RIGHT FOOT, INIT ENCNTR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF RIGHT FOOT, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP FX SHAFT OF LEFT TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSP INJ MUSC/TEND PERONEAL GRP AT LOW LEG LEV, L LEG, SUBS	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED ACQUIRED DEFORMITY OF LEFT LOWER LEG	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED FRACTURE OF RIGHT FOOT, SEQUELA	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	4		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	4		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0

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PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	4		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF UNSPECIFIED FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED PHYSEAL FRACTURE OF PHALANX OF RIGHT TOE, INIT	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
PNEUMAT WALKING BOOT PRE CST	VENTRICULAR PREMATURE DEPOLARIZATION	Ancillary	Approved	1		0		0
POLISHING ARTIFICIAL EYE	OTHER DISORDERS OF GLOBE	Ancillary	Approved	1		0		0
POLY-IRON 150 MG CAPSULE	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Family Medicine	Denied	1	Services are not medically necessary	1		0
POLYSOM <6 YRS 4/> PARAMTRS	CONGENITAL HYPOTONIA	Facility	Approved	1		0		0
POLYSOM <6 YRS 4/> PARAMTRS	CONGENITAL TRACHEOMALACIA	Facility	Approved	1		0		0
POLYSOM <6 YRS 4/> PARAMTRS	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
POLYSOM <6 YRS 4/> PARAMTRS	HYPERTROPHY OF TONSILS	Family Medicine	Approved	1		0		0
POLYSOM <6 YRS 4/> PARAMTRS	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Family Medicine	Approved	1		0		0
POLYSOM <6 YRS 4/> PARAMTRS	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
POLYSOM <6 YRS 4/> PARAMTRS	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Family Medicine	Approved	2		0		0
POLYSOM <6 YRS 4/> PARAMTRS	SNORING	Family Medicine	Approved	1		0		0
POLYSOM <6 YRS CPAP/BILVL	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR	Facility	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Facility	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	ACHALASIA OF CARDIA	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	APNEA, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	APNEA, NOT ELSEWHERE CLASSIFIED	NULL	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	CARDIOMYOPATHY, UNSPECIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	Ancillary	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Family Medicine	Approved	2		0		0
POLYSOM 6/> YRS 4/> PARAM	DIZZINESS AND GIDDINESS	Facility	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	3		0		0
POLYSOM 6/> YRS 4/> PARAM	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	FLUID OVERLOAD, UNSPECIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	23		0		0
POLYSOM 6/> YRS 4/> PARAM	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
POLYSOM 6/> YRS 4/> PARAM	INSOMNIA, UNSPECIFIED	NULL	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	NIGHTMARE DISORDER	Family Medicine	Approved	1		0		0

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POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	28		0		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Denied	2	Services are not medically necessary	2		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOSPITAL	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NULL	Approved	5		0		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Other	Denied	1	Services are not medically necessary	1		0
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OTH SLEEP DISORD NOT DUE TO A SUB OR KNOWN PHYSIOL COND	NULL	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OTHER FORMS OF DYSPNEA	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OTHER REDUCED MOBILITY	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Family Medicine	Approved	2		0		0
POLYSOM 6/> YRS 4/> PARAM	PAIN IN RIGHT FINGER(S)	Facility	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	PARASOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	REM SLEEP BEHAVIOR DISORDER	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	SHORTNESS OF BREATH	Family Medicine	Approved	2		0		0
POLYSOM 6/> YRS 4/> PARAM	SLEEP APNEA, UNSPECIFIED	Family Medicine	Approved	2		0		0
POLYSOM 6/> YRS 4/> PARAM	SLEEP APNEA, UNSPECIFIED	NULL	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	SLEEP APNEA, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
POLYSOM 6/> YRS 4/> PARAM	SLEEP DISORDER, UNSPECIFIED	Family Medicine	Approved	2		0		0
POLYSOM 6/> YRS 4/> PARAM	SNORING	Ancillary	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	SNORING	Family Medicine	Approved	25		0		0
POLYSOM 6/> YRS 4/> PARAM	SNORING	NULL	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	SOMNOLENCE	Family Medicine	Approved	4		0		0
POLYSOM 6/> YRS 4/> PARAM	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Family Medicine	Approved	1		0		0
POLYSOM 6/> YRS 4/> PARAM	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	APNEA, NOT ELSEWHERE CLASSIFIED	NULL	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	DILATED CARDIOMYOPATHY	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	DIZZINESS AND GIDDINESS	Facility	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	ESSENTIAL (PRIMARY) HYPERTENSION	NULL	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	2		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	6		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	INSOMNIA, UNSPECIFIED	NULL	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	2		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	MELENA	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	NULL	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	40		0		0

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POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	General Practice	Denied	1	Services are not medically necessary	1		0
POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOSPITAL	Approved	2		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NULL	Approved	6		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Other	Denied	2	Services are not medically necessary	2		0
POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Physical Medicine	Denied	1	Services are not medically necessary	1		0
POLYSOM 6/>YRS CPAP 4/> PARM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	OTH SLEEP DISORD NOT DUE TO A SUB OR KNOWN PHYSIOL COND	NULL	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	OTHER FORMS OF DYSPNEA	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	PNEUMONIA, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	PRIMARY CENTRAL SLEEP APNEA	Family Medicine	Approved	2		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	SLEEP APNEA, UNSPECIFIED	Family Medicine	Approved	2		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	SLEEP APNEA, UNSPECIFIED	NULL	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	SNORING	Family Medicine	Approved	3		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	SNORING	NULL	Approved	1		0		0
POLYSOM 6/>YRS CPAP 4/> PARM	SOMNOLENCE	NULL	Approved	1		0		0
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Hypersomnia, unspecified	Surgery, Plastic		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Insomnia, unspecified	Pulmonary Disease		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Obstructive sleep apnea (adult) (pediatric)	Allergy/Immunology		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Obstructive sleep apnea (adult) (pediatric)	Emergency Medicine		0		0	Approved	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pediatrics		0		0	Approved	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Obstructive sleep apnea (adult) (pediatric)	Physician		0		0	Approved	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Obstructive sleep apnea (adult) (pediatric)	Surgery, Orthopedic		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Sleep apnea, unspecified	Ancillary		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	SLEEP APNEA, UNSPECIFIED	Psychiatry		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	SNORING	Emergency Medicine		0		0	Approved	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST		Dermatology		0		0	Denied	1

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POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Hypersomnia, unspecified	Ancillary		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	HYPERMOMNIA, UNSPECIFIED	Behavioral Nurse		0		0	Approved	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Obstructive sleep apnea (adult) (pediatric)	Emergency Medicine		0		0	Approved	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Emergency Medicine		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	OTHER HYPERMOMNIA	Physician		0		0	Approved	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Sleep apnea, unspecified	Allergy/Immunology		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	SLEEP APNEA, UNSPECIFIED	Dermatology		0		0	Denied	1
POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	SLEEP APNEA, UNSPECIFIED	Endocrinology And Metabolism		0		0	Denied	1
POMALYST 2 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
POMALYST 2 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
POMALYST 3 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
POMALYST 3 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
POMALYST 4 MG CAPSULE	MULTIPLE MYELOMA	Hematology	Approved	1		0		0
POMALYST 4 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
POMALYST 4 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
PORTABLE O2 CONTENTS, GAS	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Ancillary	Approved	1		0		0
PORTABLE GAS OXYGEN SYSTEM	ATELECTASIS	Ancillary	Approved	1		0		0
PORTABLE GAS OXYGEN SYSTEM	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
PORTABLE GAS OXYGEN SYSTEM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
PORTABLE GAS OXYGEN SYSTEM	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0

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PORTABLE GASEOUS O2	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
PORTABLE GASEOUS O2	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
PORTABLE GASEOUS O2	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
PORTABLE GASEOUS O2	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
PORTABLE GASEOUS O2	PULMONARY FIBROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
PORTABLE OXYGEN CONCENTRATOR	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
PORTABLE OXYGEN CONCENTRATOR	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Approved	1		0		0
PORTABLE OXYGEN CONCENTRATOR	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	1		0		0
PORTABLE OXYGEN CONCENTRATOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
PORTABLE OXYGEN CONCENTRATOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
POS AIRWAY PRESS CHINSTRAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
POS AIRWAY PRESS HEADGEAR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	3		0		0
POS AIRWAY PRESS HEADGEAR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
POS AIRWAY PRESS HEADGEAR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	12		0		0
POS AIRWAY PRESS HEADGEAR	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Ancillary	Approved	2		0		0
POS AIRWAY PRESS HEADGEAR	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	Ancillary	Approved	1		0		0
POS AIRWAY PRESS HEADGEAR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE CPAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	44		0		0
POS AIRWAY PRESSURE FILTER	OTHER MUSCLE SPASM	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	OTHER SLEEP APNEA	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	3		0		0
POS AIRWAY PRESSURE FILTER	PRIMARY CENTRAL SLEEP APNEA	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE FILTER	PUCKERING OF MACULA, RIGHT EYE	Ancillary	Approved	1		0		0
POS AIRWAY PRESSURE TUBING	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
POS AIRWAY PRESSURE TUBING	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
POSACONAZOLE DR 100 MG TABLET	ASPERGILLOSIS, UNSPECIFIED	Hematology	Approved	3		0		0
POSITIONING CUSHION	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Emergency Medicine		0		0	Approved	1
POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX	Internal Medicine		0		0	Approved	1
POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Nephrology		0		0	Approved	1

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POST FUSION </6 VERT SEG	PAIN IN THORACIC SPINE	Facility	Denied	1	Services are not medically necessary	1		0
POST FUSION </6 VERT SEG	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Other	Approved	1		0		0
POST FUSION 13/> VERT SEG	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	1		0		0
POST FUSION 13/> VERT SEG	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	Other	Approved	1		0		0
POST FUSION 7-12 VERT SEG	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	2		0		0
POST FUSION 7-12 VERT SEG	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Other	Approved	2		0		0
POST FUSION 7-12 VERT SEG	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Other	Approved	1		0		0
POST FUSION 7-12 VERT SEG	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Low back pain	Urology		0		0	Denied	1
POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Urology		0		0	Approved	1
POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING		Physician		0		0	Approved	1
POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	Urge incontinence	Rheumatology		0		0	Approved	1
POV GROUP 1 HD 301-450 LBS	CARDIOMYOPATHY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
POV GROUP 1 HD 301-450 LBS	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Ancillary	Approved	1		0		0
POV GROUP 1 HD 301-450 LBS	OTHER REDUCED MOBILITY	Ancillary	Approved	1		0		0
POV GROUP 1 HD 301-450 LBS	PAIN IN UNSPECIFIED HIP	Ancillary	Approved	1		0		0
POV GROUP 1 HD 301-450 LBS	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS	AGE-RELATED PHYSICAL DEBILITY	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS	CHRONIC IDIOPATHIC CONSTIPATION	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS	PULMONARY FIBROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS; MOTORIZED SCOOTER AND/OR ACCESSORIES	Z74.09 - Other reduced mobility; Z76.89 - Persons encountering health services in other specified circumstances	Family Medicine	Denied	1	Services are not medically necessary	1		0
POV GROUP 2 HD 301-450 LBS	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
POV GROUP 2 HD 301-450 LBS	E66.01 - Morbid (severe) obesity due to excess calories; E66.8 - Other obesity; M16.11 - Unilateral primary osteoarthritis, right hip; M51.36 - Other intervertebral disc degeneration, lumbar region	Family Medicine	Approved	1		0		0
POV GROUP 2 HD 301-450 LBS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	1		0		0
POV GROUP 2 STD UP TO 300LBS	OTHER ABNORMALITIES OF BREATHING	Ancillary	Approved	1		0		0
POV GROUP 2 VHD 451-600 LBS	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
POV GROUP 2 VHD 451-600 LBS	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Ancillary	Approved	1		0		0
POV GROUP 2 VHD 451-600 LBS	OTHER REDUCED MOBILITY	Ancillary	Approved	1		0		0
POV GROUP 2 VHD 451-600 LBS; W/C COMPONENT-ACCESSORY NOS; W/C COMPONENT-ACCESSORY NOS; W/C COMPONE	Z74.09 - Other reduced mobility	Family Medicine	Approved	1		0		0
POW UE ROM DEV EWHF UPRT CUS	HEART TRANSPLANT STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0

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POW UE ROM DEV EWHF UPRT CUS	INJURY OF BRACHIAL PLEXUS, SEQUELA	Ancillary	Approved	1		0		0
POWERED AIR FLOTATION BED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	CEREBRAL INFARCTION, UNSPECIFIED	Dermatology		0		0	Denied	2
POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	INJURY OF BRACHIAL PLEXUS, SEQUELA	Dermatology		0		0	Approved	1
PRALUENT	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	Pediatrics		0		0	Denied	1
PRALUENT	Atherosclerotic heart disease of native coronary artery without angina pectoris	Emergency Medicine		0		0	Denied	1
PRALUENT	Essential (primary) hypertension	Surgery, Orthopedic		0		0	Denied	1
PRALUENT	MIXED HYPERLIPIDEMIA	Family Medicine		0		0	Denied	2
PRALUENT	OTHER HYPERLIPIDEMIA	Pediatric Endocrinology		0		0	Denied	1
PRALUENT 150 MG/ML PEN	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 150 MG/ML PEN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
PRALUENT 150 MG/ML PEN	FAMILIAL HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 150 MG/ML PEN	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
PRALUENT 150 MG/ML PEN	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
PRALUENT 150 MG/ML PEN	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 150 MG/ML PEN	OTHER GENERAL SYMPTOMS AND SIGNS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	4	Services are not medically necessary	4		0
PRALUENT 75 MG/ML PEN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Denied	2	Services are not medically necessary	2		0
PRALUENT 75 MG/ML PEN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	General Practice	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
PRALUENT 75 MG/ML PEN	CEREBRAL INFARCTION, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	FAMILIAL HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
PRALUENT 75 MG/ML PEN	FAMILIAL HYPERCHOLESTEROLEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	FAMILIAL HYPERCHOLESTEROLEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Denied	2	Services are not medically necessary	2		0
PRALUENT 75 MG/ML PEN	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	8	Services are not medically necessary	8		0
PRALUENT 75 MG/ML PEN	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
PRALUENT 75 MG/ML PEN	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	OTHER HYPERLIPIDEMIA	Cardiovascular Disease	Approved	2		0		0
PRALUENT 75 MG/ML PEN	OTHER HYPERLIPIDEMIA	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0

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PRALUENT 75 MG/ML PEN	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRECISION Q-I-D TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
PRECISION XTR B-KETONE STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
PRECISION XTRA MONITOR	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
PRECISION XTRA TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PREP AK ISCHIAL LAMINATED	COMPLETE TRAUMATIC AMP AT LEVEL BETW R HIP AND KNEE, INIT	Ancillary	Approved	1		0		0
PREP CORNEAL ENDO ALLOGRAFT	UNSPECIFIED DISORDER OF CONJUNCTIVA	Ancillary	Approved	2		0		0
PREPARE DONOR LUNG DOUBLE	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	ATYPICAL FACIAL PAIN	Surgery, Oral And Maxillofacial	Approved	2		0		0
PREPARE FACE/ORAL PROSTHESIS	JAW PAIN	Facility	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	MALIGNANT NEOPLASM OF CHEEK MUCOSA	Facility	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	MANDIBULAR HYPOPLASIA	Facility	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	MANDIBULAR HYPOPLASIA	Surgery, Oral And Maxillofacial	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	MAXILLARY HYPOPLASIA	Facility	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	MAXILLARY HYPOPLASIA	Surgery, Oral And Maxillofacial	Approved	5		0		0
PREPARE FACE/ORAL PROSTHESIS	MODERATE ATROPHY OF THE MAXILLA	Dentistry	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Radiology, Diagnostic	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	OTHER SPECIFIED DISEASES OF JAWS	Facility	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	OTHER SPECIFIED DISORDERS OF TEMPOROMANDIBULAR JOINT	Dentistry	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Surgery, Oral And Maxillofacial	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
PREPARE FACE/ORAL PROSTHESIS	Q37.5 - Cleft hard and soft palate with unilateral cleft lip	Plastic Surgery	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Surgery, Plastic	Approved	1		0		0
PRESCRIPTION DRUG, BRAND NAME	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
PRESCRIPTION DRUG, BRAND NAME	OTHER SPONDYLOSIS, LUMBAR REGION	Physician Assistant	Approved	1		0		0
PRESS PAD ALTERNATING W/ PUM	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
PRE-TIBIAL SHELL MOLDED TO P	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
PREVACID 30 MG SOLUTAB	OTHER DYSPHAGIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PREVACID DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PREVYMIS 480 MG TABLET	BONE MARROW TRANSPLANT STATUS	Hematology	Approved	1		0		0
PREVYMIS 480 MG TABLET	CYTOMEGALOVIRAL DISEASE, UNSPECIFIED	Hematology	Approved	2		0		0
PREVYMIS 480 MG TABLET	CYTOMEGALOVIRAL DISEASE, UNSPECIFIED	Nephrology	Approved	1		0		0
PREVYMIS 480 MG TABLET	CYTOMEGALOVIRAL DISEASE, UNSPECIFIED	Oncology	Approved	2		0		0
PREVYMIS 480 MG TABLET	STEM CELLS TRANSPLANT STATUS	Hematology	Approved	1		0		0
PREZCOBIX 800 MG-150 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	4		0		0
PREZISTA 600 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0

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PREZISTA 800 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Nurse Practitioner Primary Care	Approved	1		0		0
PREZISTA 800 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	5		0		0
PREZISTA 800 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
PRGRMG DEV EVAL PM/LDLS PM	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	1		0		0
PRIOSEC DR 10 MG SUSPENSION	EPILEPTIC SPASMS, NOT INTRACTABLE, W/O STATUS EPILEPTICUS	Clinical Neurophysiology	Denied	1	Services are not medically necessary	1		0
PRIM ART M-THRMBC 1ST VSL	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Other	Approved	1		0		0
PRIM ART M-THRMBC SBSQ VSL	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Facility	Approved	1		0		0
PRIMATRIX	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
PRIMLEV 10-300 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
PRIMLEV 10-300 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
PRISTIQ ER	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Neurology		0		0	Approved	1
PRISTIQ ER 100 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
PRISTIQ ER 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
PRISTIQ ER 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Denied	1	Services are not medically necessary	1		0
PRISTIQ ER 25 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Approved	1		0		0
PRISTIQ ER 25 MG TABLET	PERSONAL HISTORY OF OTHER MENTAL AND BEHAVIORAL DISORDERS	Family Medicine	Approved	1		0		0
PRISTIQ ER 50 MG TABLET	OTHER ANXIETY DISORDERS	Obstetrics/Gynecology	Approved	1		0		0
PRIVATE DUTY/INDEPENDENT NSG	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	Family Medicine	Denied	1	Services are not medically necessary	1		0
PRIVATE DUTY/INDEPENDENT NSG	GASTROSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
PRIVATE DUTY/INDEPENDENT NSG	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
PRIVIGEN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Emergency Medicine		0		0	Denied	1
PRIVIGEN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Pediatric Endocrinology		0		0	Denied	1
PROBE NASOLACRIMAL DUCT	ACQUIRED STENOSIS OF BILATERAL NASOLACRIMAL DUCT	Ancillary	Approved	2		0		0
PROBE NASOLACRIMAL DUCT	ACQUIRED STENOSIS OF LEFT NASOLACRIMAL DUCT	Facility	Approved	1		0		0
PROBE NASOLACRIMAL DUCT	ACQUIRED STENOSIS OF RIGHT NASOLACRIMAL DUCT	Ancillary	Approved	1		0		0
PROBE NASOLACRIMAL DUCT	NEONATAL OBSTRUCTION OF RIGHT NASOLACRIMAL DUCT	Facility	Approved	1		0		0
PROBE NASOLACRIMAL DUCT; PROBE NASOLACRIMAL DUCT; ANCILLARY ANESTHESIOLOGIST	H04.553 - Acquired stenosis of bilateral nasolacrimal duct	Ophthalmology	Approved	1		0		0
PROCARDIA XL 60 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PROCHAMBER HOLDING CHAMBER	COUGH	Pediatrics	Approved	1		0		0
PROCRIT 10,000 UNITS/ML VIAL	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	1		0		0
PROCRIT 10,000 UNITS/ML VIAL	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Pediatric Nephrology	Approved	1		0		0
PROCRIT 20,000 UNITS/ML VIAL	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	3		0		0
PROCTOSIGMOIDOSCOPY DX	FEVER, UNSPECIFIED	Ancillary	Approved	1		0		0
PROGESTERONE 500 MG/10 ML VIAL	FEMALE INFERTILITY OF OTHER ORIGIN	Reproductive Endocrinology/Infertility	Approved	1		0		0
PROGESTERONE 500 MG/10 ML VIAL	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
PROGESTERONE MICRONIZED POWDER	ENDOCRINE DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROGESTERONE OIL 50 MG/ML VL	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Approved	1		0		0
PROGRAF 0.5 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
PROGRAF 1 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
PROGRAF 1 MG CAPSULE	LIVER TRANSPLANT STATUS	Hepatology	Approved	1		0		0

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PROLIA	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Dermatology		0		0	Approved	1
PROLIA	Age-related osteoporosis without current pathological fracture	Pain Management		0		0	Denied	1
PROLIA	Age-related osteoporosis without current pathological fracture	Physician Assistant		0		0	Approved	2
PROLIA	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Rheumatology		0		0	Approved	1
PROLIA 60 MG/ML SYRINGE		Family Medicine	Denied	1	Services are not medically necessary	1		0
PROLIA 60 MG/ML SYRINGE	AGE-REL OSTEOPOR W CRNT PATH FX, L ANK/FT, 7THD	Endocrinology And Metabolism	Approved	1		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Approved	6		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Approved	5		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Denied	2	Services are not medically necessary	2		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Internal Medicine	Approved	2		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Obstetrics/Gynecology	Approved	5		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Pharmacist	Approved	1		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Physician	Approved	2		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Physician	Denied	1	Services are not medically necessary	1		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Approved	2		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Denied	1	Services are not medically necessary	1		0
PROLIA 60 MG/ML SYRINGE	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
PROLIA 60 MG/ML SYRINGE	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Infectious Disease	Approved	1		0		0
PROLONG E&M/PSYCTX SERV O/P	HEADACHE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
PROMACTA 25 MG TABLET		Hematology	Approved	1		0		0
PROMACTA 25 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Hematology	Approved	3		0		0
PROMACTA 25 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Oncology	Approved	2		0		0
PROMACTA 50 MG TABLET	DRUG-INDUCED APLASTIC ANEMIA	Oncology	Approved	1		0		0
PROMACTA 50 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Hematology	Approved	1		0		0
PROMACTA 50 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Oncology	Approved	2		0		0
PROMACTA 50 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Oncology	Approved	1		0		0
PROMACTA 50 MG TABLET	OTHER PRIMARY THROMBOCYTOPENIA	Hematology	Approved	1		0		0
PROMACTA 50 MG TABLET	OTHER SECONDARY THROMBOCYTOPENIA	Hematology	Approved	1		0		0
PROMACTA 50 MG TABLET	THROMBOCYTOPENIA, UNSPECIFIED	Hematology	Approved	1		0		0
PROMACTA 75 MG TABLET	APLASTIC ANEMIA, UNSPECIFIED	Pediatric Hematology/Oncology	Approved	1		0		0
PROMACTA 75 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Hematology	Approved	2		0		0
PROMETHAZINE HCL INJECTION	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Family Medicine	Approved	1		0		0
PROMETHAZINE HCL INJECTION	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0

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PROMETHAZINE HCL INJECTION	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
PROMETHAZINE HCL INJECTION	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
PROMETHAZINE HCL INJECTION	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
PROMETHAZINE HCL INJECTION	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoralneckand proximal femur	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-ORTHOPEdic	Approved	1		0		0
Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;proximal humerus	BENIGN NEOPLASM SCAPULA & LONG BONES LT UP LIMB	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	PAIN IN LEFT THIGH	ORTHOPEdic SURGERY	Approved	1		0		0
Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	SOLITARY BONE CYST UNSPECIFIED SITE	PEDIATRIC ORTHOPEdicIST	Approved	1		0		0
Prostate Adenocarcinoma	Malignant neoplasm of prostate	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Prostate Adenocarcinoma	Malignant neoplasm of prostate	Other	Approved	1		0		0
Prostate Adenocarcinoma	Malignant neoplasm of prostate	Other	Denied	1	Services are not medically necessary	1		0
Prostate Adenocarcinoma	Malignant neoplasm of prostate	RADIATION ONCOLOGY	Approved	4		0		0
Prostate Adenocarcinoma	Malignant neoplasm of prostate	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Prostate Adenocarcinoma	MALIGNANT NEOPLASM OF PROSTATE	Radiation Therapy		0		0	Denied	4
PROSTATECTOMY (TURP)	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	1		0		0
PROSTATECTOMY (TURP)	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	4		0		0
PROSTATECTOMY (TURP)	FLACCID NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
PROSTATECTOMY (TURP)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
PROSTATECTOMY (TURP)	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	Facility	Approved	1		0		0
PROSTATECTOMY (TURP)	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
PROSTHETIC IMPLANT NOS	CERVICALGIA	Ancillary	Approved	1		0		0
PROSTHETIC IMPLANT NOS	CERVICALGIA	Ancillary	Denied	1	Services are not medically necessary	1		0
PROSTHETIC SOCK MULTI PLY BK	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
PROTECTIVE RESTORATION	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Family Medicine	Approved	1		0		0
PROTONIX 40 MG SUSPENSION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Critical Care Medicine	Approved	1		0		0
PROTONIX 40 MG SUSPENSION	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PROTONIX DR 40 MG TABLET	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROTONIX DR 40 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROTONIX DR 40 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Physician	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
PROVENTIL HFA 90 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	OTHER ASTHMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
PROVIDE INR TEST MATER/EQUIP	GENERALIZED ABDOMINAL PAIN	Ancillary	Approved	1		0		0

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PROVIDE INR TEST MATER/EQUIP	PRESENCE OF PROSTHETIC HEART VALVE	Family Medicine	Denied	2	Services are not medically necessary	2		0
PROVIGIL 100 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
PROVIGIL 100 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Approved	1		0		0
PROVIGIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
PROVIGIL 100 MG TABLET	OTHER FATIGUE	Physician Assistant	Approved	1		0		0
PROVIGIL 200 MG TABLET		Emergency Medicine	Denied	1	Services are not medically necessary	1		0
PROVIGIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROVIGIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
PROVIGIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Denied	1	Services are not medically necessary	1		0
PROZAC 20 MG PULVULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Internal Medicine	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Ancillary	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Facility	Approved	4		0		0
PRP I/HERN INIT REDUC >5 YR	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	Facility	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	UNIL INGUINAL HERNIA, W OBST, W/O GANGR, NOT SPCF AS RECUR	Facility	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Ancillary	Approved	20		0		0
PRP I/HERN INIT REDUC >5 YR	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Facility	Approved	11		0		0
PSG, < 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, < 6 YEARS OLD	HYPERTROPHY OF TONSILS	Respiratory	Approved	2		0		0
PSG, < 6 YEARS OLD	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Respiratory	Approved	6		0		0
PSG, < 6 YEARS OLD	HYPOXEMIA	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	INSOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	21		0		0
PSG, < 6 YEARS OLD	OTHER ABNORMALITIES OF BREATHING	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	OTHER SLEEP APNEA	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	PARASOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	13		0		0
PSG, < 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	2		0		0
PSG, < 6 YEARS OLD	SLEEP TERRORS [NIGHT TERRORS]	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	SNORING	Respiratory	Approved	14		0		0
PSG, < 6 YEARS OLD	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Denied	1	Services are not medically necessary	1		0

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PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Denied	3	Services are not medically necessary	3		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	AUTISTIC DISORDER	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	BODY MASS INDEX (BMI) 25.0-25.9, ADULT	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CEREBRAL INFARCTION, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC FATIGUE, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	Respiratory	Denied	5	Services are not medically necessary	5		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CONFUSIONAL AROUSALS	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	DISORDERS OF DIAPHRAGM	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	DYSPNEA, UNSPECIFIED	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ENDOMETRIOSIS, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Denied	6	Services are not medically necessary	6		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HEADACHE	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HEART FAILURE, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERLIPIDEMIA, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERSONNIA, UNSPECIFIED	Respiratory	Approved	20		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERSONNIA, UNSPECIFIED	Respiratory	Denied	23	Services are not medically necessary	23		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERTROPHY OF TONSILS	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	IDIOPATHIC HYPERSONNIA WITH LONG SLEEP TIME	Respiratory	Approved	3		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	IDIOPATHIC HYPERSONNIA WITHOUT LONG SLEEP TIME	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	INFLAMMATORY POLYARTHROPATHY	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	INSOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	INSOMNIA, UNSPECIFIED	Respiratory	Denied	13	Services are not medically necessary	13		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	INSUFFICIENT SLEEP SYNDROME	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Denied	6	Services are not medically necessary	6		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Respiratory	Denied	3	Services are not medically necessary	3		0

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PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITH CATAPLEXY	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITH CATAPLEXY	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Approved	8		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NOCTURNAL ENURESIS	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE [LDH]	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBESITY, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBESITY, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	184		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	493	Services are not medically necessary	493		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER ASTHMA	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER FATIGUE	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER FATIGUE	Respiratory	Denied	5	Services are not medically necessary	5		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER HYPERSOMNIA	Respiratory	Approved	9		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER HYPERSOMNIA	Respiratory	Denied	11	Services are not medically necessary	11		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER OBESITY DUE TO EXCESS CALORIES	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SEIZURES	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP APNEA	Respiratory	Denied	3	Services are not medically necessary	3		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP DISORDERS	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP DISORDERS	Respiratory	Denied	6	Services are not medically necessary	6		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP RELATED MOVEMENT DISORDERS	Respiratory	Approved	5		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED HIP	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PARASOMNIA, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Denied	3	Services are not medically necessary	3		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PERMANENT ATRIAL FIBRILLATION	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	Respiratory	Denied	3	Services are not medically necessary	3		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRIMARY INSOMNIA	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRIMARY INSOMNIA	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PULMONARY HYPERTENSION, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PULMONARY HYPERTENSION, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	RECURRENT HYPERSOMNIA	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	RECURRENT HYPERSOMNIA	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	REM SLEEP BEHAVIOR DISORDER	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	REM SLEEP BEHAVIOR DISORDER	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	RESTLESS LEGS SYNDROME	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	RESTLESS LEGS SYNDROME	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SHORTNESS OF BREATH	Respiratory	Approved	1		0		0

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PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	55		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	139	Services are not medically necessary	139		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP DEPRIVATION	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	13		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP DISORDER, UNSPECIFIED	Respiratory	Denied	12	Services are not medically necessary	12		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEPWALKING [SOMNAMBULISM]	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SNORING	Respiratory	Approved	23		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SNORING	Respiratory	Denied	46	Services are not medically necessary	46		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SOMNOLENCE	Respiratory	Approved	3		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SOMNOLENCE	Respiratory	Denied	6	Services are not medically necessary	6		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	UNSPECIFIED ASTHMA, UNCOMPLICATED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	UNSPECIFIED CONVULSIONS	Respiratory	Approved	1		0		0
PSYCH DIAGNOSTIC EVALUATION	ILLNESS, UNSPECIFIED	Counseling	Approved	1		0		0
PSYCH DIAGNOSTIC EVALUATION	ILLNESS, UNSPECIFIED	Psychology	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Anorexia nervosa, binge eating/purging type	Behavioral Health Facility	Approved	2		0		0
PSYCHIATRIC - INPATIENT	Anorexia nervosa, restricting type	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Bipolar disord, crnt epsd depress, sev, w/o psych features	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Bipolar disorder, unspecified	Behavioral Health Facility	Approved	3		0		0
PSYCHIATRIC - INPATIENT	Bulimia nervosa	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Generalized anxiety disorder	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Major depressive disorder, recurrent, unspecified	Behavioral Health Facility	Approved	3		0		0
PSYCHIATRIC - INPATIENT	Major depressive disorder, single episode, unspecified	Behavioral Health Facility	Approved	2		0		0
PSYCHIATRIC - INPATIENT	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Approved	5		0		0
PSYCHIATRIC - INPATIENT	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
PSYCHIATRIC - INPATIENT	Major depressv disorder, recurrent, severe w psych symptoms	Behavioral Health Facility	Approved	2		0		0
PSYCHIATRIC - INPATIENT	Oppositional defiant disorder	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Oth psychoactive substance use, unsp w mood disorder	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Post-traumatic stress disorder, acute	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC - INPATIENT	Unsp psychosis not due to a substance or known physiol cond	Behavioral Health Facility	Approved	4		0		0
PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Binge eating disorder	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Bipolar disord, crnt epsd depress, sev, w/o psych features	Behavioral Health Facility	Approved	3		0		0

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PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Bipolar disord, crnt epsd mixed, severe, w/o psych features	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Bipolar disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Approved	6		0		0
PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
PSYCHIATRIC TREATMENT PARTIAL HOSPITALIZATION	Oppositional defiant disorder	Behavioral Health Facility	Approved	1		0		0
PSYCL TST EVAL PHYS/QHP 1ST	ILLNESS, UNSPECIFIED	Psychology	Approved	1		0		0
PSYCL/NRPSYC TECH 1ST	OTHER AMNESIA	Clinical Neurophysiology	Approved	1		0		0
PSYCL/NRPSYC TECH 1ST	OTHER AMNESIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
PSYCL/NRPSYC TST TECH EA	OTHER AMNESIA	Clinical Neurophysiology	Approved	1		0		0
PSYCL/NRPSYC TST TECH EA	OTHER AMNESIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
PSYTX W PT 45 MINUTES	ANOREXIA NERVOSA, RESTRICTING TYPE	Counseling	Approved	1		0		0
PSYTX W PT 45 MINUTES	AUTISTIC DISORDER	Psychology, Child	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 45 MINUTES	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 45 MINUTES	ILLNESS, UNSPECIFIED	Counseling	Approved	1		0		0
PSYTX W PT 60 MINUTES	BIPOLAR II DISORDER	Counseling	Approved	1		0		0
PSYTX W PT 60 MINUTES	DYSTHYMIC DISORDER	Psychology	Approved	1		0		0
PSYTX W PT 60 MINUTES	GENERALIZED ANXIETY DISORDER	Social Work	Approved	1		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Counseling	Approved	3		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Counseling	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Family Medicine	Approved	1		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Psychology	Approved	1		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Social Work	Approved	4		0		0
PSYTX W PT 60 MINUTES	MAJOR DEPRESSV DISORDER, SINGLE EPISODE, IN PARTIAL REMIS	Family Medicine	Approved	1		0		0
PSYTX W PT 60 MINUTES	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Psychology	Denied	1	Services are not medically necessary	1		0
PT EVAL HIGH COMPLEX 45 MIN	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	Approved	1		0		0
PT EVAL HIGH COMPLEX 45 MIN	INJ MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT	PHYSICAL THERAPY	Approved	1		0		0
PT EVAL HIGH COMPLEX 45 MIN	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
PT EVAL HIGH COMPLEX 45 MIN	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	HOSPITAL	Approved	1		0		0
PT EVAL HIGH COMPLEX 45 MIN	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	HOSPITAL	Approved	1		0		0
PT EVAL HIGH COMPLEX 45 MIN	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
PT EVAL HIGH COMPLEX 45 MIN	PAIN IN RIGHT SHOULDER	HOSPITAL	Approved	1		0		0
PT EVAL HIGH COMPLEX 45 MIN	RADICULOPATHY, LUMBAR REGION	HOSPITAL	Approved	1		0		0
PT EVAL LOW COMPLEX 20 MIN	PAIN IN LEFT KNEE	PHYSICAL THERAPY	Approved	1		0		0
PT EVAL LOW COMPLEX 20 MIN	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
PT EVAL LOW COMPLEX 20 MIN	PRIMARY PULMONARY HYPERTENSION	Facility	Denied	1	Services are not medically necessary	1		0
PT EVAL MOD COMPLEX 30 MIN	CHONDROMALACIA, LEFT KNEE	HOSPITAL	Approved	1		0		0
PT EVAL MOD COMPLEX 30 MIN	COMPLEX TEAR OF LAT MENS, CURRENT INJURY, LEFT KNEE, INIT	HOSPITAL	Approved	1		0		0
PT EVAL MOD COMPLEX 30 MIN	COMPLEX TEAR OF MEDIAL MENS, CURRENT INJURY, L KNEE, INIT	HOSPITAL	Approved	1		0		0
PT EVAL MOD COMPLEX 30 MIN	HYPERMOBILITY SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
PT EVAL MOD COMPLEX 30 MIN	PAIN IN LEFT KNEE	HOSPITAL	Approved	1		0		0
PT EVAL MOD COMPLEX 30 MIN	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
PT EVAL MOD COMPLEX 30 MIN	PRIMARY PULMONARY HYPERTENSION	Facility	Denied	1	Services are not medically necessary	1		0
PT EVALUATION; OT EVALUATION	F82 - Specific developmental disorder of motor function; Q24.9 - Congenital malformation of heart, unspecified	Pediatrics	Approved	1		0		0

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PT IN THE HOME PER DIEM	CELLULITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PT PRGRM FOR IMPLT NEUROSTIM	OTHER DYSTONIA	Facility	Approved	1		0		0
PT RE-EVAL EST PLAN CARE	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
PT RE-EVAL EST PLAN CARE	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
PT RE-EVAL EST PLAN CARE	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
PT RE-EVAL EST PLAN CARE	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
PT RE-EVAL EST PLAN CARE	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
PTEN GENE DUP/DELET VARIANT	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	Internal Medicine	Approved	1		0		0
PTEN GENE DUP/DELET VARIANT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE DUP/DELET VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
PTEN GENE DUP/DELET VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	2		0		0
PTEN GENE DUP/DELET VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE DUP/DELET VARIANT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
PTEN GENE DUP/DELET VARIANT	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORAC LYMPH NODES	Ancillary	Approved	1		0		0
PTEN GENE DUP/DELET VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
PTEN GENE DUP/DELET VARIANT	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
PTEN GENE FULL SEQUENCE	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	Internal Medicine	Approved	1		0		0
PTEN GENE FULL SEQUENCE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	FALL FROM PLAYGRND EQUIP	Ancillary	Denied	3	Services are not medically necessary	3		0
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	2		0		0
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	2	Services are not medically necessary	2		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Denied	3	Services are not medically necessary	3		0
PTEN GENE FULL SEQUENCE	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORAC LYMPH NODES	Ancillary	Approved	1		0		0

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PTEN GENE FULL SEQUENCE	OTH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, INIT	Ancillary	Denied	2	Services are not medically necessary	2		0
PTEN GENE FULL SEQUENCE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
PTEN GENE FULL SEQUENCE	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
PTEN GENE FULL SEQUENCE	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Denied	1	Services are not medically necessary	1		0
PULM STRESS TEST/COMPLEX	R06.02 - Shortness of breath	Pulmonary	Approved	1		0		0
PULMICORT 180 MCG FLEXHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
PULMICORT 180 MCG FLEXHALER	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
PULMICORT 180 MCG FLEXHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
PULMICORT 180 MCG FLEXHALER	OTHER GENERAL SYMPTOMS AND SIGNS	Allergy/Immunology	Approved	1		0		0
PULMICORT 180 MCG FLEXHALER	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Internal Medicine	Approved	1		0		0
PULMICORT 180 MCG FLEXHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PULMICORT 180 MCG FLEXHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PULMICORT 180 MCG FLEXHALER	WHEEZING	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PULMICORT 90 MCG FLEXHALER	COUGH VARIANT ASTHMA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PULMICORT 90 MCG FLEXHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
PULMONARY REHABILITATION PRO	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
PULMONARY REHABILITATION PRO	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
PULMONARY REHABILITATION PRO	PULMONARY FIBROSIS, UNSPECIFIED	Facility	Approved	1		0		0
PULMONARY SERVICE/PROCEDURE	COUGH	Facility	Denied	1	Services are not medically necessary	1		0
PULMONARY SERVICE/PROCEDURE	EXTREME IMMATURITY OF NB, GESTATNL AGE 27 COMPLETED WEEKS	Neonatal-Perinatal Medicine	Denied	1	Services are not medically necessary	1		0
PULMONARY SERVICE/PROCEDURE	PNEUMONITIS DUE TO INHALATION OF OTHER SOLIDS AND LIQUIDS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
PULMONARY SERVICE/PROCEDURE	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Neonatal-Perinatal Medicine	Approved	1		0		0
PULMONARY SERVICE/PROCEDURE	SHORT RIB SYNDROME	Neonatal-Perinatal Medicine	Approved	1		0		0
PULMONARY STRESS TESTING	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Ancillary	Approved	1		0		0
PULMONARY STRESS TESTING	PRIMARY PULMONARY HYPERTENSION	Facility	Approved	1		0		0
PULMONARY STRESS TESTING	PRIMARY PULMONARY HYPERTENSION	Facility	Denied	1	Services are not medically necessary	1		0
PULMONARY STRESS TESTING	PULMONARY FIBROSIS, UNSPECIFIED	Facility	Approved	1		0		0
PULMONARY STRESS TESTING	PULMONARY HYPERTENSION, UNSPECIFIED	Facility	Approved	1		0		0
PULMOZYME 1 MG/ML AMPUL		Pediatric Pulmonology	Approved	1		0		0
PULMOZYME 1 MG/ML AMPUL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
PULMOZYME 1 MG/ML AMPUL	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
PULMOZYME 1 MG/ML AMPUL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Allergy & Immunology	Approved	1		0		0
PULMOZYME 1 MG/ML AMPUL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	2		0		0
PULMOZYME 1 MG/ML AMPUL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	2		0		0
PULMOZYME 1 MG/ML AMPUL		Pediatric Allergy & Immunology	Approved	1		0		0
PULMOZYME 1 MG/ML AMPUL	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	5		0		0
PULMOZYME 1 MG/ML AMPUL	CYSTIC FIBROSIS, UNSPECIFIED	Pulmonary Disease	Approved	2		0		0
PULMOZYME 1 MG/ML AMPUL	OTHER ABNORMALITIES OF BREATHING	Physician	Approved	1		0		0

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PUMP, EXT INFUSION, MINIMED, INSULIN	PRIMARY ADRENOCORTICAL INSUFFICIENCY	DME	Denied	1	Services are not medically necessary	1		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED	DME	Approved	1		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	11		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Denied	2	Services are not medically necessary	2		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	DME	Approved	6		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	15		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	3		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	DME	Approved	1		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	3		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	CYSTIC FIBROSIS, UNSPECIFIED	DME	Approved	1		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 1 DIABETES MELLITUS WITH DIABETIC DERMATITIS	DME	Approved	1		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	36		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	2		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	6		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	1		0		0
PURAPLY AM 1 SQ CM	NON-PRS CHRONIC ULC UNSP PRT OF UNSP LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
PURAPLY AM 1 SQ CM	OSTEOMYELITIS, UNSPECIFIED	Facility	Approved	1		0		0
PURAPLY AM 1 SQ CM	PUNCTURE WOUND W/O FOREIGN BODY, RIGHT LOWER LEG, SUBS	Facility	Denied	1	Services are not medically necessary	1		0
PWC GP 1 STD CAP CHAIR	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
PWC GP 2 HD CAP CHAIR	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Approved	1		0		0
PWC GP 2 HD CAP CHAIR	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Ancillary	Approved	1		0		0
PWC GP 2 HD CAP CHAIR	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
PWC GP 2 HD CAP CHAIR	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Ancillary	Approved	1		0		0
PWC GP 2 HD SEAT/BACK	J98.4 - Restrictive lung disease; M15.0 - Primary osteoarthritis involving multiple joints	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PWC GP 2 STD CAP CHAIR	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Ancillary	Approved	1		0		0
PWC GP 2 STD CAP CHAIR	NON-FOLLIC LYMPHOMA, UNSP, NODES OF HEAD, FACE, AND NECK	Ancillary	Approved	1		0		0
PWC GP 2 STD CAP CHAIR; W/CH ACCESS DET ADJ ARMREST; U1 SEALED LEADACID BATTERY	M51.36 - Other intervertebral disc degeneration, lumbar region	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PWC GP 2 STD PORT CAP CHAIR	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
PWC GP 2 STD PORT CAP CHAIR; W/CH ACCESS DET ADJ ARMREST; TRANSFER BOARD OR DEVICE; U1 SEALED LEAD	G89.29 - Other chronic pain	Physical Medicine and Rehab	Approved	1		0		0
PWC GP2 STD SING POW OPT S/B	COMPRESSION OF VEIN	Ancillary	Approved	1		0		0
PWC GP3 HD MULT POW OPT S/B	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Approved	1		0		0
PWC GP3 HD MULT POW OPT S/B	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
PWC GP3 HD MULT POW OPT S/B	PAROXYSMAL ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	4		0		0
PWC GP3 STD MULT POW OPT S/B	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	2		0		0
PWC GP3 STD MULT POW OPT S/B	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
PWC GP3 STD MULT POW OPT S/B	MUSCULAR DYSTROPHY, UNSPECIFIED	Ancillary	Approved	2		0		0
PWC GP3 STD MULT POW OPT S/B	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	PARAPLEGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	PHOCOMELIA, UNSPECIFIED LIMB(S)	Ancillary	Approved	1		0		0

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PWC GP3 STD MULT POW OPT S/B	PHRENIC NERVE PARALYSIS DUE TO BIRTH INJURY	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	QUADRIPLEGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	2		0		0
PWC GP3 STD MULT POW OPT S/B	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	TOXIC ENCEPHALOPATHY	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B; PWR SEAT ELEVATION SYS; GR24 SEALED LEADACID BATTERY; W/C COMPONENT-	R53.2 - Functional quadriplegia	Durable Medical Equipment	Approved	1		0		0
PWC GP3 STD SING POW OPT S/B	HEART FAILURE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PWC GP3 STD SING POW OPT S/B	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	1		0		0
PWC GP3 STD SING POW OPT S/B	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
PWC GP4 VHD SING POW OPT S/B; PWR SEAT RECLINE; PWR SEAT TILT; CUSHIONED HEADREST; W/C MANUAL SWIN	M17.0 - Bilateral primary osteoarthritis of knee	Internal Medicine - Sports Medicine	Denied	1	Services are not medically necessary	1		0
PWR SEAT COMBO W/SHEAR	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	4		0		0
PWR SEAT COMBO W/SHEAR	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	2		0		0
PWR SEAT COMBO W/SHEAR	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	MUSCULAR DYSTROPHY, UNSPECIFIED	Ancillary	Approved	2		0		0
PWR SEAT COMBO W/SHEAR	PARAPLEGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	PHRENIC NERVE PARALYSIS DUE TO BIRTH INJURY	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	QUADRIPLEGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	2		0		0
PWR SEAT COMBO W/SHEAR	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	TOXIC ENCEPHALOPATHY	Ancillary	Approved	1		0		0
PWR SEAT ELEVATION SYS	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	4	Services are not medically necessary	4		0
PWR SEAT ELEVATION SYS	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
PWR SEAT ELEVATION SYS	MUSCULAR DYSTROPHY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	PARAPLEGIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	PHOCOMELIA, UNSPECIFIED LIMB(S)	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	QUADRIPLEGIA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
PWR SEAT ELEVATION SYS	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT RECLINE MECH	HEART FAILURE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT TILT	COMPRESSION OF VEIN	Ancillary	Approved	1		0		0
PWR SEAT TILT	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Ancillary	Approved	2		0		0
PWR SEAT TILT	PAROXYSMAL ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
PWR SEAT TILT	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
PWR SEAT TILT	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
PWR SEAT TILT	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
PYLERA	HELICOBACTER PYLORI [H. PYLORI] AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	Psychiatry		0		0	Approved	1
PYLERA CAPSULE	EPIGASTRIC PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PYLERA CAPSULE	HELICOBACTER PYLORI [H. PYLORI] AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	Emergency Medicine		0		0	Denied	1
PYLERA CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Family Medicine	Approved	1		0		0
PYLERA CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Family Medicine	Denied	1	Services are not medically necessary	1		0
PYLERA CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Gastroenterology	Approved	2		0		0

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PYLERA CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Gastroenterology	Denied	8	Services are not medically necessary	8		0
PYLERA CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PYLERA CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Physician	Denied	1	Services are not medically necessary	1		0
PYLERA CAPSULE	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PYLERA CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PYLERA CAPSULE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
PYLERA CAPSULE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PYLERA CAPSULE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
PYLERA CAPSULE	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	Family Medicine	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	GENERALIZED HYPERHIDROSIS	Family Medicine	Denied	3	Services are not medically necessary	3		0
QBREXZA 2.4% CLOTH	GENERALIZED HYPERHIDROSIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Approved	30		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Denied	12	Services are not medically necessary	12		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Family Medicine	Approved	1		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Family Medicine	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Pediatric Dermatology	Denied	2	Services are not medically necessary	2		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Physician	Approved	3		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Physician Assistant	Approved	3		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Psychiatry	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Physician	Approved	1		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Dermatology	Denied	2	Services are not medically necessary	2		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Physician	Approved	1		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Dermatology	Approved	4		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
QNASL	Allergic rhinitis due to pollen	Family Medicine		0		0	Approved	1
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	3		0		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Denied	3	Services are not medically necessary	3		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Pediatrics	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Physician	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Physician	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	CHRONIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	CHRONIC SINUSITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	COUGH VARIANT ASTHMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	OTH ALLERGY STATUS, OTH THAN TO DRUGS AND BIOLG SUBSTANCES	Family Medicine	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	OTHER ACUTE SINUSITIS	Physician	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Allergy/Immunology	Approved	2		0		0
QNASL 80 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Physician	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	VASOMOTOR RHINITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0

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QNASL CHILDREN'S 40 MCG SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0
QSYMIA 11.25 MG-69 MG CAPSULE	OBESITY, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
QSYMIA 3.75 MG-23 MG CAPSULE		Internal Medicine	Denied	1	Services are not medically necessary	1		0
QSYMIA 3.75 MG-23 MG CAPSULE	OVERWEIGHT	Internal Medicine	Approved	1		0		0
QSYMIA 7.5 MG-46 MG CAPSULE	OBESITY, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
QTERN 10 MG-5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
QUDEXY XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
QUDEXY XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician	Approved	1		0		0
QUDEXY XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
QUDEXY XR 100 MG CAPSULE	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST,NOT NTRCT,W/O STAT EPI	Family Medicine	Denied	2	Services are not medically necessary	2		0
QUDEXY XR 100 MG CAPSULE	LOCAL-REL SYMPTC EPI W CMLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Family Nurse Practitioner	Approved	1		0		0
QUDEXY XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 200 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 25 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 25 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
QUDEXY XR 25 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 25 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 50 MG CAPSULE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 50 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
QUDEXY XR 50 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Approved	1		0		0
QUDEXY XR 50 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 50 MG CAPSULE	OBESITY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 50 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY HYPERACTIVE TYPE	Gastroenterology		0		0	Approved	1

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QUILLICHEW ER 20 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	2		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
QUILLICHEW ER 20 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	2		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 20 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	2		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	3	Services are not medically necessary	3		0
QUILLICHEW ER 20 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatric Neurology	Approved	1		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	3		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
QUILLICHEW ER 20 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	2		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 20 MG CHEW TAB	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 30 MG CHEW TAB		Pediatrics	Approved	1		0		0
QUILLICHEW ER 30 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 30 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
QUILLICHEW ER 30 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
QUILLICHEW ER 30 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	2		0		0
QUILLICHEW ER 30 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	3	Services are not medically necessary	3		0
QUILLICHEW ER 30 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 30 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
QUILLICHEW ER 30 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 30 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 30 MG CHEW TAB	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Pediatrics	Approved	1		0		0
QUILLICHEW ER 40 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 40 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 40 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
QUILLICHEW ER 40 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
QUILLICHEW ER 40 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0

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QUILLIVANT XR 25 MG/5 ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Neurology	Approved	1		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	2		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	2		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	2		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
QUILLIVANT XR 25 MG/5 ML SUSP	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatrics	Approved	1		0		0
R & L HEART CATH CONGENITAL	ACUTE EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	Facility	Approved	1		0		0
R & L HEART CATH CONGENITAL	EBSTEIN'S ANOMALY	Facility	Approved	3		0		0
R & L HEART CATH, CONGENITAL	ANEURYSM OF HEART	PEDIATRIC CARDIOLOGY	Approved	1		0		0
R & L HEART CATH, CONGENITAL	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
R & L HEART CATH, CONGENITAL	COARCTATION OF AORTA	PEDIATRIC CARDIOLOGY	Approved	2		0		0
R & L HEART CATH, CONGENITAL	COMPRESSION OF VEIN	PEDIATRIC CARDIOLOGY	Approved	1		0		0
R & L HEART CATH, CONGENITAL	CONGENITAL TRICUSPID STENOSIS	PEDIATRIC CARDIOLOGY	Approved	2		0		0
R & L HEART CATH, CONGENITAL	COR TRIARIATUM	PEDIATRIC CARDIOLOGY	Approved	3		0		0
R & L HEART CATH, CONGENITAL	DISCORDANT VENTRICULOARTERIAL CONNECTION	PEDIATRIC CARDIOLOGY	Approved	2		0		0
R & L HEART CATH, CONGENITAL	EBSTEINS ANOMALY	PEDIATRIC CARDIOLOGY	Approved	3		0		0
R & L HEART CATH, CONGENITAL	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRIC CARDIOLOGY	Approved	3		0		0
R & L HEART CATH, CONGENITAL	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
R & L HEART CATH, CONGENITAL	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
R & L HEART CATH, CONGENITAL	PATENT DUCTUS ARTERIOSUS	PEDIATRIC CARDIOLOGY	Approved	1		0		0
R & L HEART CATH, CONGENITAL	PULMONARY VALVE ATRESIA	PEDIATRIC CARDIOLOGY	Approved	3		0		0
R & L HEART CATH, CONGENITAL	VENTRICULAR SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
R HRT CORONARY ARTERY ANGIO	HEART TRANSPLANT STATUS	Facility	Approved	1		0		0
R HRT CORONARY ARTERY ANGIO	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	Facility	Approved	1		0		0
R HRT CORONARY ARTERY ANGIO	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	Facility	Approved	1		0		0

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R HRT CORONARY ARTERY ANGIO	PRIMARY CENTRAL SLEEP APNEA	Facility	Approved	1		0		0
R&L HRT ART/VENTRICLE ANGIO	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Facility	Approved	1		0		0
R&L HRT ART/VENTRICLE ANGIO	DILATED CARDIOMYOPATHY	Facility	Approved	1		0		0
R&L HRT ART/VENTRICLE ANGIO	ENCOUNTER FOR AFTERCARE FOLLOWING HEART TRANSPLANT	Facility	Approved	1		0		0
R&L HRT ART/VENTRICLE ANGIO	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Facility	Approved	1		0		0
R&L HRT ART/VENTRICLE ANGIO	HEART TRANSPLANT STATUS	Facility	Approved	1		0		0
R&L HRT ART/VENTRICLE ANGIO	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Denied	1	Services are not medically necessary	1		0
R&L HRT ART/VENTRICLE ANGIO	PRIMARY PULMONARY HYPERTENSION	Facility	Approved	1		0		0
R&L HRT CATH W/VENTRICLGRPHY	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Facility	Approved	1		0		0
R&L HRT CATH W/VENTRICLGRPHY	SHORTNESS OF BREATH	Facility	Approved	1		0		0
RABEPRAZOLE SOD DR 20 MG TAB		Rheumatology	Approved	1		0		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Approved	1		0		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	2		0		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
RABEPRAZOLE SOD DR 20 MG TAB	UNSPECIFIED ABDOMINAL PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
RAD W/BACKUP NON INV INTRFC	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	2	Services are not medically necessary	2		0
RAD W/BACKUP NON INV INTRFC	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
RAD W/BACKUP NON INV INTRFC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	4		0		0
RAD W/BACKUP NON INV INTRFC	OTHER SLEEP APNEA	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	CONGENITAL HYPOTONIA	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	HYPERTENSIVE URGENCY	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	25		0		0
RAD W/O BACKUP NON-INV INTFC	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	PRIMARY CENTRAL SLEEP APNEA	Ancillary	Approved	1		0		0
RAD W/O BACKUP NON-INV INTFC	RESPIRATORY ARREST	Ancillary	Approved	1		0		0
RADIATION PHYSICS CONSULT	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
RADIATION PHYSICS CONSULT	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
RADIATION PHYSICS CONSULT	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	2		0		0
RADIATION PHYSICS CONSULT	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
RADIATION PHYSICS CONSULT	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	2		0		0
RADIATION THERAPY DOSE PLAN	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0

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RADIATION THERAPY DOSE PLAN	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
RADIATION THERAPY PLANNING	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
RADIATION THERAPY PLANNING	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	1		0		0
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Radiation Oncology	Approved	1		0		0
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	2		0		0
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
RADIATION THERAPY PLANNING	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
RADIATION THERAPY PLANNING	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	1		0		0
RADIATION TREATMENT AID(S)	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
RADIATION TREATMENT AID(S)	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
RADIATION TREATMENT AID(S)	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
RADIATION TREATMENT AID(S)	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	2		0		0
RADIATION TREATMENT AID(S)	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
RADIATION TREATMENT AID(S)	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
RADIATION TREATMENT AID(S)	SEC AND UNSP MALIG NEOPLASM OF NODES OF HEAD, FACE AND NECK	Dentistry	Approved	1		0		0
RADIATION TREATMENT AID(S)	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
RADIATION TREATMENT AID(S)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	2		0		0
RADIATION TREATMENT DELIVERY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	2		0		0
RADIATION TREATMENT DELIVERY	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
RADIATION TREATMENT DELIVERY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
RADIATION TREATMENT DELIVERY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
RADIATION TREATMENT DELIVERY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
RADIATION TREATMENT DELIVERY	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0

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RADIATION TX MANAGEMENT X5	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	2		0		0
RADIATION TX MANAGEMENT X5	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
RADIATION TX MANAGEMENT X5	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
RADIATION TX MANAGEMENT X5	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
RADICAL RESECTION OF ELBOW	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SITE	Ancillary	Approved	1		0		0
Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEdic	Approved	2		0		0
Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ORTHOPEdic SURGERY	Approved	1		0		0
Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ LEFT ARM	SURGERY-ORTHOPEdic	Approved	1		0		0
Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	OTH MECH COMP INTERNAL LT KNEE PROSTH SUBSQ T ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Radical resection of tumor, bone, femur or knee	INSTABILITY INTERNAL RT KNEE PROSTH INITIAL ENC	ORTHOPEdic SURGERY	Approved	1		0		0
Radical resection of tumor, bone, femur or knee	OTHER CHRONIC OSTEOMYELITIS RIGHT THIGH	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
Radical resection of tumor, bone, femur or knee	OTHER CHRONIC OSTEOMYELITIS RIGHT THIGH	SURGERY-ORTHOPEdic	Approved	1		0		0
RADIESSE INJECTION	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
RADIOFQ TRSMTR FOR IMPLT NEU	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	Pain Management	Denied	1	Services are not medically necessary	1		0
Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	COMPLEX RGN PAIN SYNDROME I LOWER LIMB BILATERAL	PAIN MANAGEMENT	Approved	1		0		0
RADIOGRAPHIC PROCEDURE	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Facility	Denied	1	Services are not medically necessary	1		0
RADIOGRAPHIC PROCEDURE	MALIGNANT NEOPLASM OF ASCENDING COLON	Other	Approved	1		0		0
RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	R13.10 - Dysphagia, unspecified	Otolaryngology	Approved	1		0		0
RADIOLOGY PORT IMAGES(S)	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
RADIOLOGY PORT IMAGES(S)	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
RADIOLOGY PORT IMAGES(S)	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
RADIOPHARM DX AGENT NOC	ENCOUNTER FOR FERTILITY TESTING	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
RADIOPHARM DX AGENT NOC	UNSPECIFIED HYDRONEPHROSIS	Facility	Approved	1		0		0
RADIOPHARM RX AGENT NOC	MALIGNANT CARCINOID TUMOR OF THE MIDGUT, UNSPECIFIED	Ancillary	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	DIFFUSE LARGE B-CELL LYMPHOMA, NODES OF HEAD, FACE, AND NECK	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0

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RADIOTHERAPY DOSE PLAN IMRT	HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIG NEOPLM OF CONN AND SOFT TISS OF L UPR LIMB, INC SHLDR	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Family Medicine	Approved	3		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF ENDOMETRIUM	Family Medicine	Approved	2		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	8		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	POSTPROC SEROMA OF A MS STRUCTURE FOL A MS SYS PROCEDURE	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
RADIOTHERAPY DOSE PLAN, IMRT; RADIATION THERAPY DOSE PLAN; MULTI-LEAF COLLIMATOR (MLC) DEV(S) FOR	C61 - Malignant neoplasm of prostate	Urology	Approved	1		0		0
RADIVAVA	AMYOTROPHIC LATERAL SCLEROSIS	Emergency Medicine		0		0	Denied	1
RANEXA	OTHER FORMS OF ANGINA PECTORIS	Physician Assistant		0		0	Approved	1
RANEXA ER 1,000 MG TABLET	CHEST PAIN, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
RANEXA ER 500 MG TABLET	ANGINA PECTORIS, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
RANEXA ER 500 MG TABLET	ANGINA PECTORIS, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
RANEXA ER 500 MG TABLET	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
RANEXA ER 500 MG TABLET	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Internal Medicine	Approved	1		0		0
RANEXA ER 500 MG TABLET	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
RANEXA ER 500 MG TABLET	CHEST PAIN, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
RANEXA ER 500 MG TABLET	CHEST PAIN, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
RANEXA ER 500 MG TABLET	OTHER FORMS OF ANGINA PECTORIS	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
RANEXA ER 500 MG TABLET	SHORTNESS OF BREATH	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
RANIBIZUMAB INJECTION	ANEMIA IN CHRONIC KIDNEY DISEASE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, W RTNL NEOVAS	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	CENTRAL SEROUS CHORIORETINOPATHY, RIGHT EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	CHRONIC FRONTAL SINUSITIS	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	CONTAMINATED OR INFECTED BLOOD, OTHER FLUID, DRUG, OR BIOLOGICAL SUBSTANCE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
RANIBIZUMAB INJECTION	DEGENERATIVE MYOPIA, BILATERAL	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	DEGENERATV MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, BI EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	DEGENERATV MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, L EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	DEGENERATV MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, R EYE	Ophthalmology	Approved	1		0		0

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RANIBIZUMAB INJECTION	END STAGE RENAL DISEASE	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	END STAGE RENAL DISEASE	Optometry	Approved	1		0		0
RANIBIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	8		0		0
RANIBIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Family Medicine	Approved	1		0		0
RANIBIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	4		0		0
RANIBIZUMAB INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	HYPERKALEMIA	Ophthalmology	Denied	1	Services are not medically necessary	1		0
RANIBIZUMAB INJECTION	MECH COMPL OF PROSTHETIC ORBIT OF LEFT EYE, SEQUELA	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	OTHER MALAISE	Ancillary	Approved	1		0		0
RANIBIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	4		0		0
RANIBIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA (NKHHC)	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	3		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	3		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	27		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	6		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Ophthalmology	Approved	3		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	7		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	UNSPECIFIED MACULAR DEGENERATION	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ophthalmology	Approved	1		0		0
RANITIDINE 150 MG CAPSULE	DYSPHAGIA, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
RANITIDINE 150 MG TABLET	EOSINOPHILIC GASTRITIS OR GASTROENTERITIS	Family Medicine	Approved	1		0		0
RANITIDINE 150 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Approved	1		0		0

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RANITIDINE 150 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	4		0		0
RANITIDINE 150 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	4		0		0
RANITIDINE 150 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
RANITIDINE 150 MG TABLET	HEARTBURN	Family Medicine	Approved	1		0		0
RANITIDINE 150 MG TABLET	HEARTBURN	Obstetrics/Gynecology	Approved	1		0		0
RANITIDINE 150 MG TABLET	OTHER VIRAL WARTS	Dermatology	Denied	1	Services are not medically necessary	1		0
RANITIDINE 150 MG TABLET	PRURITUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
RANITIDINE 150 MG TABLET	VIRAL WART, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
RANITIDINE 300 MG CAPSULE	EOSINOPHILIC ESOPHAGITIS	Family Medicine	Approved	1		0		0
RANITIDINE 300 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Endocrinology And Metabolism	Approved	1		0		0
RANITIDINE 300 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Approved	1		0		0
RANITIDINE 300 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Allergy/Immunology	Approved	1		0		0
RANITIDINE 300 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	3		0		0
RANITIDINE 300 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	3		0		0
RANITIDINE 300 MG TABLET	GENERALIZED ABDOMINAL PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
RAPAMUNE 1 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
RAPAMUNE 1 MG/ML ORAL SOLN	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	Oncology	Approved	1		0		0
RAPAMUNE 1 MG/ML ORAL SOLN	LIVER TRANSPLANT REJECTION	Pediatric Gastroenterology	Approved	1		0		0
RASUVO 10 MG/0.2 ML AUTOINJ		Rheumatology	Approved	1		0		0
RASUVO 10 MG/0.2 ML AUTOINJ	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
RASUVO 15 MG/0.3 ML AUTOINJ	ARTERITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
RASUVO 15 MG/0.3 ML AUTOINJ	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	1		0		0
RASUVO 15 MG/0.3 ML AUTOINJ	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
RASUVO 20 MG/0.4 ML AUTOINJ	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
RASUVO 20 MG/0.4 ML AUTOINJ	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
RASUVO 20 MG/0.4 ML AUTOINJ	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
RASUVO 20 MG/0.4 ML AUTOINJ	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
RAYALDEE ER 30 MCG CAPSULE	HYPERPARATHYROIDISM, UNSPECIFIED	Nephrology	Approved	2		0		0
RAYOS DR 5 MG TABLET	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Pain Management	Approved	1		0		0
RAYOS DR 5 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
RAYOS DR 5 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
RAYOS DR 5 MG TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HIP	Pain Management	Denied	1	Services are not medically necessary	1		0
RAYOS DR 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Podiatry	Denied	1	Services are not medically necessary	1		0
RAYOS DR 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
READY GRADIENT SLEEV/GLOV	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Ancillary	Approved	1		0		0
REBIF 22 MCG/0.5 ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
REBIF 44 MCG/0.5 ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	11		0		0
REBIF 44 MCG/0.5 ML SYRINGE	MULTIPLE SCLEROSIS	Psychiatry	Approved	1		0		0
REBIF REBIDOSE 22 MCG/0.5 ML	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0

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REBIF REBIDOSE 44 MCG/0.5 ML	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
RECHANNELING OF ARTERY	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, RIGHT LEG	Other	Approved	1		0		0
RECHANNELING OF ARTERY	CALCULUS OF URETER	Facility	Approved	1		0		0
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Facility	Approved	2		0		0
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Other	Approved	1		0		0
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	Facility	Approved	2		0		0
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Facility	Approved	1		0		0
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Other	Approved	5		0		0
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	Other	Approved	1		0		0
RECHANNELING OF ARTERY	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Other	Approved	1		0		0
RECHANNELING OF ARTERY	STRICTURE OF ARTERY	Other	Approved	1		0		0
RECHANNELING OF ARTERY	UNSP ATHSCL NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS	Other	Approved	1		0		0
RECONST LWR JAW W/FIXATION	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0
RECONST LWR JAW W/FIXATION	CONGENITAL FACIAL ASYMMETRY	Facility	Approved	1		0		0
RECONST LWR JAW W/FIXATION	JAW PAIN	Facility	Denied	1	Services are not medically necessary	1		0
RECONST LWR JAW W/FIXATION	MALOCCLUSION, UNSPECIFIED	Facility	Approved	1		0		0
RECONST LWR JAW W/FIXATION	MANDIBULAR HYPERPLASIA	Facility	Approved	1		0		0
RECONST LWR JAW W/FIXATION	MANDIBULAR HYPOPLASIA	Facility	Approved	3		0		0
RECONST LWR JAW W/FIXATION	MAXILLARY HYPOPLASIA	Facility	Approved	8		0		0
RECONST LWR JAW W/FIXATION	MAXILLARY HYPOPLASIA	Other	Approved	1		0		0
RECONST LWR JAW W/FIXATION	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	Facility	Approved	1		0		0
RECONST LWR JAW W/FIXATION	OTHER SPECIFIED DISEASES OF JAWS	Facility	Approved	1		0		0
RECONST LWR JAW W/FIXATION	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Facility	Approved	1		0		0
RECONST LWR JAW W/FIXATION	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Surgery, Plastic	Approved	1		0		0
RECONST LWR JAW W/O GRAFT	MALOCCLUSION, UNSPECIFIED	Facility	Approved	1		0		0
RECONSTR LWR JAW SEGMENT	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTR LWR JAW SEGMENT	MALOCCLUSION, UNSPECIFIED	Facility	Approved	1		0		0
RECONSTR LWR JAW W/ADVANCE	MALOCCLUSION, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCT ANKLE JOINT	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	CLEFT LIP, UNILATERAL	Facility	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	CLEFT SOFT PALATE	Facility	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	UNSPECIFIED CLEFT PALATE WITH BILATERAL CLEFT LIP	Facility	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	3		0		0
RECONSTRUCT ENTIRE FOREHEAD	CRANIOSYNOSTOSIS	Other	Denied	2	Services are not medically necessary	2		0
RECONSTRUCT FINGER JOINT	SPRAIN OF INTERPHALANGEAL JOINT OF UNSP FINGER, INIT ENCNR	Ancillary	Approved	1		0		0
RECONSTRUCT HEAD OF RADIUS	UNSPECIFIED DISLOCATION OF LEFT RADIAL HEAD, INIT ENCNR	Facility	Approved	1		0		0
RECONSTRUCT ORBIT/FOREHEAD	CRANIOSYNOSTOSIS	Facility	Denied	2	Services are not medically necessary	2		0
RECONSTRUCT ORBIT/FOREHEAD	CRANIOSYNOSTOSIS	Other	Approved	1		0		0
RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Facility	Approved	1		0		0
RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Facility	Approved	1		0		0

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RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	Facility	Approved	2		0		0
RECONSTRUCT UPPER JAW BONE	MALIGNANT NEOPLASM OF MAXILLARY SINUS	Surgery, Plastic	Approved	1		0		0
RECONSTRUCT VENA CAVA	MALIGNANT NEOPLASM OF DUODENUM	Convenience Care Clinic	Approved	1		0		0
RECONSTRUCT WINDPIPE	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT	Other	Approved	1		0		0
RECONSTRUCT WINDPIPE	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	2		0		0
RECONSTRUCT WINDPIPE	POSTPROCEDURAL SUBGLOTTIC STENOSIS	Facility	Approved	1		0		0
RECONSTRUCTION ANKLE JOINT	PRESENCE OF RIGHT ARTIFICIAL ANKLE JOINT	Facility	Approved	1		0		0
RECONSTRUCTION KNEE	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
RECONSTRUCTION MIDFACE, LEFORT I; 2 PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	Open anterior occlusal relationship	Allergy/Immunology		0		0	Approved	1
RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	CONGENITAL FACIAL ASYMMETRY	Pediatric Endocrinology		0		0	Approved	1
RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	OTHER JAW ASYMMETRY	Emergency Medicine		0		0	Denied	1
RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Other jaw asymmetry	Physician		0		0	Denied	1
RECONSTRUCTION OF CHIN	MAXILLARY HYPOPLASIA	Facility	Denied	1	Services are not medically necessary	1		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	OTH INJ MUSC & TEND ROTAT CUFF RT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	SPRAIN UNS CORACOHUMERAL LIGAMENT SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	PATELLOFEMORAL DISORDERS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	RECURRENT SUBLUXATION PATELLA UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	INF & INFLAM REACT UNS INTRL JNT PROSTH SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	OTH SPONTANEOUS DISRUPTION UNS LIGAMENT LT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	OTHER INSTABILITY RIGHT KNEE	PEDIATRICS	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	OTHER INSTABILITY RIGHT KNEE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	PATELLOFEMORAL DISORDERS RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
RECONSTRUCTION OF JAW	DENTAL CARIES, UNSPECIFIED	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF JAW	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF JAW	MODERATE ATROPHY OF THE MAXILLA	Dentistry	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF JAW JOINT	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0
RECONSTRUCTION OF JAW JOINT	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	Ancillary	Approved	1		0		0
RECONSTRUCTION OF JAW JOINT	JAW PAIN	Facility	Approved	1		0		0
RECONSTRUCTION OF JAW JOINT	LEFT TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	Surgery, Oral And Maxillofacial	Approved	1		0		0
RECONSTRUCTION OF JAW JOINT	PAIN IN UNSPECIFIED LIMB	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF JAW JOINT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Facility	Approved	1		0		0
RECONSTRUCTION OF JAW JOINT	RIGHT TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF LOWER JAW	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE	MODERATE ATROPHY OF THE MAXILLA	Dermatology		0		0	Denied	1
RECONSTRUCTION OF NOSE	ACQUIRED DEFORMITY OF NOSE	Ancillary	Denied	2	Services are not medically necessary	2		0
RECONSTRUCTION OF NOSE	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF NOSE	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF NOSE	DEVIATED NASAL SEPTUM	Facility	Denied	2	Services are not medically necessary	2		0
RECONSTRUCTION OF NOSE	FRACTURE OF NASAL BONES, SEQUELA	Ancillary	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF NOSE	FRACTURE OF NASAL BONES, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF NOSE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Other	Denied	1	Services are not medically necessary	1		0

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RECONSTRUCTION OF URETHRA	TRANSEXUALISM	Facility	Approved	1		0		0
Rectal Adenocarcinoma	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	RADIATION ONCOLOGY	Approved	1		0		0
Rectal Adenocarcinoma	Malignant neoplasm of rectum	RADIATION ONCOLOGY	Approved	2		0		0
RECTUM SURGERY PROCEDURE	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Facility	Denied	1	Services are not medically necessary	1		0
REDUCTION MAMMAPLASTY		Pediatrics		0		0	Denied	1
REDUCTION MAMMAPLASTY	CERVICALGIA	Dermatology		0		0	Approved	1
REDUCTION MAMMAPLASTY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Physical Medicine		0		0	Denied	1
REDUCTION MAMMAPLASTY	Hypertrophy of breast	Dermatology		0		0	Approved	1
REDUCTION MAMMAPLASTY	Hypertrophy of breast	Neurology		0		0	Approved	1
REDUCTION MAMMAPLASTY	Hypertrophy of breast	Physician		0		0	Approved	1
REDUCTION MAMMAPLASTY	Hypertrophy of breast	Psychiatry		0		0	Approved	1
REDUCTION MAMMAPLASTY	Hypertrophy of breast	Pulmonary Disease		0		0	Approved	1
REDUCTION MAMMAPLASTY	Hypertrophy of breast	Surgery, Plastic		0		0	Approved	1
REDUCTION MAMMAPLASTY	OTHER SPECIFIED DISORDERS OF BREAST	Allergy/Immunology		0		0	Denied	1
REDUCTION OF EYE PROSTHESIS	OTHER DISORDERS OF GLOBE	Ancillary	Approved	1		0		0
REDUCTION OF LARGE BREAST	ABSCESS OF THE BREAST AND NIPPLE	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	ANESTHESIA OF SKIN	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	CERVICALGIA	Ancillary	Approved	1		0		0
REDUCTION OF LARGE BREAST	CERVICALGIA	Surgery, General	Approved	1		0		0
REDUCTION OF LARGE BREAST	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Ancillary	Approved	6		0		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Facility	Approved	20		0		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Facility	Denied	7	Services are not medically necessary	7		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Surgery, Plastic	Approved	1		0		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	OTHER DORSALGIA	Ancillary	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	OTHER SPECIFIED DISORDERS OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	PAIN IN UNSPECIFIED SHOULDER	Facility	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
REDUCTION OF LARGE BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	SHORTNESS OF BREATH	Facility	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST; REDUCTION OF LARGE BREAST	M54.9 - Back pain; N62 - Macromastia	Plastic Surgery	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST; REDUCTION OF LARGE BREAST; ANCILLARY ANESTHESIOLOGIST	M54.9 - Back pain; N62 - Macromastia	Plastic Surgery	Approved	1		0		0
REDUCTION OF LARGE BREAST; REDUCTION OF LARGE BREAST; ANCILLARY ANESTHESIOLOGIST	M54.9 - Back pain; N62 - Macromastia	Plastic Surgery	Denied	2	Services are not medically necessary	2		0

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REDUCTION OF LARGE BREAST; REDUCTION OF LARGE BREAST; ANCILLARY ANESTHESIOLOGIST	N61.1 - Abscess of the breast and nipple; N62 - Macromastia; N64.89 - Acquired breast deformity	Plastic Surgery	Approved	1		0		0
REDUCTION OF LARGE BREAST; REDUCTION OF LARGE BREAST; ANCILLARY ANESTHESIOLOGIST; OBS/IP HOSP SAME	M54.9 - Back pain; N62 - Macromastia; R21 - Rash/skin eruption	Plastic Surgery	Approved	1		0		0
REDUCTION OF RECTAL PROLAPSE	ANAL FISTULA	Facility	Approved	1		0		0
RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT I	Difficulty in walking, not elsewhere classified	Family Medicine		0		0	Denied	1
RE-EXPLORE PARATHYROIDS	BENIGN NEOPLASM OF PARATHYROID GLAND	Facility	Approved	1		0		0
RE-EXPLORE PARATHYROIDS; ANCILLARY ANESTHESIOLOGIST	D35.1 - Benign neoplasm of parathyroid gland	Ent-Otolaryngology	Approved	1		0		0
REFERRAL TO BARIATRIC SURGERY - EXTERNAL	E66.01 - Morbid obesity (HCC)	Family Medicine	Approved	1		0		0
REFERRAL TO BARIATRIC SURGERY - EXTERNAL	E66.01 - Morbid obesity (HCC)	Internal Medicine	Approved	1		0		0
REFERRAL TO BARIATRIC SURGERY - EXTERNAL	E66.01 - Morbid obesity (HCC); E78.2 - Mixed hyperlipidemia; I10 - Essential hypertension with goal blood pressure less than 140/90; I73.9 - PAD (peripheral artery disease) (HCC); R06.09 - DOE (dyspnea on exertion)	Cardiology	Approved	1		0		0
REFERRAL TO BARIATRIC SURGERY - EXTERNAL	E66.01 - Morbid obesity (HCC); I10 - Essential hypertension; R73.03 - Prediabetes	Internal Medicine	Approved	1		0		0
REFERRAL TO BARIATRIC SURGERY - EXTERNAL; OFFICE/OUTPATIENT VISIT, NEW	E66.01 - Severe obesity (BMI >= 40) (HCC)	Internal Medicine	Approved	1		0		0
REFERRAL TO BARIATRIC SURGERY - EXTERNAL; OFFICE/OUTPATIENT VISIT, NEW	E66.01, Z68.42 - Morbid obesity with BMI of 45.0-49.9, adult (HCC)	Family Medicine	Approved	1		0		0
REGADENOSON INJECTION	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	1		0		0
REGADENOSON INJECTION	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR SURGERY	Approved	1		0		0
REGADENOSON INJECTION	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	CARDIOVASCULAR SURGERY	Approved	1		0		0
REGADENOSON INJECTION	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
REGADENOSON INJECTION	OTHER CHEST PAIN	CARDIOVASCULAR SURGERY	Approved	2		0		0
REGADENOSON INJECTION	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	CARDIOVASCULAR SURGERY	Approved	1		0		0
REGADENOSON INJECTION	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
REGADENOSON INJECTION	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	3		0		0
REGADENOSON INJECTION	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR SURGERY	Approved	1		0		0
REGANEX 0.01% GEL		Podiatry	Denied	1	Services are not medically necessary	1		0
REGANEX 0.01% GEL	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Internal Medicine	Approved	1		0		0
REGANEX 0.01% GEL	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Podiatry	Approved	1		0		0
REIMPLANT URETER IN BLADDER	CONGENITAL URETEROCELE, ORTHOTOPIC	Facility	Approved	2		0		0
REIMPLANT URETER IN BLADDER	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	Other	Approved	1		0		0
REIMPLANT URETER IN BLADDER	PAIN IN RIGHT LEG	Facility	Approved	1		0		0
REIMPLANT URETER IN BLADDER	VESICoureTERAL-REFLUX, UNSPECIFIED	Ancillary	Approved	1		0		0
REIMPLANTATION OF KIDNEY	COMPRESSION OF VEIN	Facility	Approved	1		0		0
REINFORCE HUMERUS	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	1		0		0
REINFORCE/GRAFT EYE WALL	GLAUCOMA SECONDARY TO EYE INFLAM, RIGHT EYE, SEVERE STAGE	AMBULATORY SURGERY CENTER	Approved	1		0		0
REINSERT OCULAR IMPLANT	MECH COMPL OF OCULAR PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0

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REINSERT SPINAL FIXATION	ARTHRODESIS STATUS	Facility	Approved	1		0		0
REINSERT SPINAL FIXATION	CERVICALGIA	Facility	Denied	1	Services are not medically necessary	1		0
REINSERT SPINAL FIXATION	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Denied	1	Services are not medically necessary	1		0
REINSERT SPINAL FIXATION	SCIATICA, LEFT SIDE	Facility	Denied	1	Services are not medically necessary	1		0
RELEASE OF LOWER LEG TENDON; REMOVAL OF HEEL BONE; ANCHOR/SCREW BN/BN,TIS/BN	M76.62 - Achilles tendinitis, left leg; M77.32 - Calcaneal spur, left foot	Orthopedics-Foot and Ankle Surgery	Approved	1		0		0
RELEASE OF LUNG	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	Other	Approved	1		0		0
RELEASE OF SKULL SEAMS	CRANIOSYNOSTOSIS	Facility	Approved	1		0		0
RELEASE PALM CONTRACTURE	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
RELEASE PALM CONTRACTURE	NONDISP FX OF BODY OF LEFT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
RELEASE PALM CONTRACTURE	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Ancillary	Approved	2		0		0
RELEASE SPINAL CORD LUMBAR	DISEASE OF SPINAL CORD, UNSPECIFIED	Other	Approved	1		0		0
RELEASE SPINAL CORD LUMBAR	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	Other	Approved	1		0		0
RELISTOR 12 MG/0.6 ML SYRINGE	DRUG INDUCED CONSTIPATION	Gastroenterology	Approved	2		0		0
RELISTOR 12 MG/0.6 ML SYRINGE	DRUG INDUCED CONSTIPATION	Physician Assistant	Approved	1		0		0
RELISTOR 12 MG/0.6 ML VIAL	DRUG INDUCED CONSTIPATION	Gastroenterology	Approved	1		0		0
RELISTOR 150 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
RELISTOR 150 MG TABLET	CONSTIPATION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
RELISTOR 150 MG TABLET	DRUG INDUCED CONSTIPATION	Pain Management	Approved	1		0		0
RELISTOR 150 MG TABLET	DRUG INDUCED CONSTIPATION	Pain Management	Denied	1	Services are not medically necessary	1		0
RELISTOR 150 MG TABLET	DRUG INDUCED CONSTIPATION	Physical Medicine	Approved	2		0		0
RELISTOR 150 MG TABLET	DRUG INDUCED CONSTIPATION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
RELISTOR 150 MG TABLET	OTHER CONSTIPATION	Gastroenterology	Approved	1		0		0
RELISTOR 150 MG TABLET	OTHER CONSTIPATION	Pain Management	Approved	1		0		0
RELISTOR 8 MG/0.4 ML SYRINGE	CONSTIPATION, UNSPECIFIED	Physician Assistant	Approved	1		0		0
RELPAK 20 MG TABLET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
RELPAK 40 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Approved	1		0		0
RELPAK 40 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
RELPAK 40 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
RELPAK 40 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
RELPAK 40 MG TABLET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
RELPAK 40 MG TABLET	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
REM ENDOVAS VENA CAVA FILTER	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	Facility	Approved	1		0		0
REM ENDOVAS VENA CAVA FILTER	DECREASED FETAL MOVEMENTS, UNSP TRIMESTER, UNSP	Facility	Approved	1		0		0
REMICADE	ANTERIOR SCLERITIS, BILATERAL	Dermatology		0		0	Denied	1
REMICADE	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	Vascular & Interventional Radiology		0		0	Approved	1
REMICADE 100 MG VIAL		Pediatric Gastroenterology	Approved	1		0		0
REMICADE 100 MG VIAL	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
REMICADE 100 MG VIAL	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR OF RIGHT HAND	Rheumatology	Approved	1		0		0

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REMICADE 100 MG VIAL	RHEU ARTHRITIS W RHEU FACTOR OF ELBOW W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
REMICADE 100 MG VIAL	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
REMICADE 100 MG VIAL	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
REMICADE 100 MG VIAL	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Denied	1	Services are not medically necessary	1		0
REMICADE 100 MG VIAL	RHEUMATOID ARTHRITIS, UNSPECIFIED	Hematology	Denied	1	Services are not medically necessary	1		0
REMICADE 100 MG VIAL	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Pediatric Gastroenterology	Approved	1		0		0
REMOTE 30 DAY ECG TECH SUPP	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	1		0		0
REMOTE 30 DAY ECG TECH SUPP	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	CARDIOVASCULAR SURGERY	Approved	1		0		0
REMOTE 30 DAY ECG TECH SUPP	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
REMOTE 30 DAY ECG TECH SUPP	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	1		0		0
REMOVAL ABDOMEN LYMPH NODES	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	1		0		0
REMOVAL FB FROM EXT AUDITORY CANAL WITH GEN ANES	S01.342A - Puncture wound with foreign body of left ear, initial encounter	Ent-Otolaryngology	Approved	1		0		0
REMOVAL FOREIGN BODY, GUM; PREPARE FACE/ORAL PROSTHESIS; DENTAL SURGERY PROCEDURE; DENTAL SURGERY	C10.9 - Malignant neoplasm of oropharynx, unspecified; C77.0 - Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck; K02.9 - Dental caries, unspecified	Dental General Practice	Approved	1		0		0
REMOVAL KIDNEY OPEN COMPLEX	OTHER CHRONIC TUBULO-INTERSTITIAL NEPHRITIS	Facility	Approved	1		0		0
REMOVAL KIDNEY OPEN COMPLEX	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	1		0		0
REMOVAL KIDNEY OPEN RADICAL	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	Other	Approved	1		0		0
REMOVAL KIDNEY OPEN RADICAL	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
REMOVAL KIDNEY OPEN RADICAL	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Other	Approved	1		0		0
REMOVAL KIDNEY OPEN RADICAL	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	1		0		0
REMOVAL KIDNEY OPEN RADICAL	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Other	Approved	2		0		0
REMOVAL KIDNEY OPEN RADICAL	WEAKNESS	Facility	Approved	1		0		0
REMOVAL OF ADENOIDS	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
REMOVAL OF ADENOIDS	ACUTE SUPPR OTITIS MEDIA W/O SPON RUPT EAR DRUM, RECUR, BI	Facility	Approved	1		0		0
REMOVAL OF ADENOIDS	CHRONIC ADENOIDITIS	Ancillary	Approved	1		0		0
REMOVAL OF ADENOIDS	CHRONIC RHINITIS	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF ADENOIDS	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, BILATERAL	Ancillary	Approved	2		0		0
REMOVAL OF ADENOIDS	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	Ancillary	Approved	1		0		0
REMOVAL OF ADENOIDS	HYPERTROPHY OF ADENOIDS	Ancillary	Approved	11		0		0
REMOVAL OF ADENOIDS	OTH EXTRARTIC FX LOW END L RAD, SUBS FOR CLOS FX W MALUNION	Ancillary	Approved	1		0		0
REMOVAL OF ADENOIDS	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, LEFT EAR	Facility	Approved	1		0		0
REMOVAL OF ADENOIDS	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Ancillary	Approved	2		0		0

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REMOVAL OF ADENOIDS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	1		0		0
REMOVAL OF ADENOIDS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	1		0		0
REMOVAL OF ADENOIDS	SNORING	Ancillary	Approved	2		0		0
REMOVAL OF ADENOIDS	UNSP FRACTURE OF LOWER END OF RIGHT ULNA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
REMOVAL OF ANAL FISTULA; SURG DX EXAM, ANORECTAL	N50.89 - Other specified disorders of the male genital organs	General Surgery	Approved	1		0		0
REMOVAL OF ARM ARTERY CLOT	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	ACHILLES TENDINITIS, UNSPECIFIED LEG	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	CHONDROMALACIA, LEFT KNEE	Ancillary	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	DISLOCATION OF TARSOMETATARSAL JOINT OF RIGHT FOOT, INIT	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	EFFUSION, LEFT ANKLE	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT ANKLE	Ancillary	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	PAIN, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	PRESENCE OF RIGHT ARTIFICIAL ANKLE JOINT	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	SPRAIN OF TARSOMETATARSAL LIGAMENT OF RIGHT FOOT, SUBS	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	UNSP FX SHAFT OF HUMERUS, RIGHT ARM, SUBS FOR FX W MALUNION	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	UNSPECIFIED DISORDER OF PATELLA, RIGHT KNEE	Ancillary	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	UNSPECIFIED OPEN WOUND OF LEFT HAND, INITIAL ENCOUNTER	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	1		0		0
REMOVAL OF BRAIN LESION	BENIGN NEOPLASM OF CRANIAL NERVES	Facility	Approved	1		0		0
REMOVAL OF BRAIN LESION	CONGENITAL CEREBRAL CYSTS	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
REMOVAL OF BRAIN LESION	MALIGNANT NEOPLASM OF FRONTAL LOBE	Facility	Approved	1		0		0
REMOVAL OF BRAIN LESION	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	Facility	Approved	1		0		0
REMOVAL OF BRAIN LESION	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Facility	Approved	1		0		0
REMOVAL OF BRAIN LESION; MICROSURGERY ADD-ON; STEREOTACTIC COMPUTER ASST INTRADURAL CRANIAL PROC;	G93.89 - Other specified disorders of brain	Neurosurgery	Approved	1		0		0
REMOVAL OF BRAIN TISSUE	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Other	Approved	1		0		0
REMOVAL OF BRAIN TISSUE	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
REMOVAL OF BRAIN TISSUE	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Other	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	5		0		0

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REMOVAL OF BREAST CAPSULE	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Ancillary	Approved	4		0		0
REMOVAL OF BREAST CAPSULE	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	DISPROPORTION OF RECONSTRUCTED BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	HYPERTROPHY OF BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	HYPOPLASIA OF BREAST	Surgery, General	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	HYPOPLASIA OF BREAST	Surgery, General	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST CAPSULE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
REMOVAL OF BREAST CAPSULE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	3		0		0
REMOVAL OF BREAST CAPSULE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MASTITIS WITHOUT ABSCESS	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MASTITIS WITHOUT ABSCESS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST CAPSULE	MASTODYNIA	Ancillary	Approved	5		0		0
REMOVAL OF BREAST CAPSULE	MASTODYNIA	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MASTODYNIA	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST CAPSULE	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST CAPSULE	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	Ancillary	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	PATHOLOGICAL FRACTURE IN NEOPLASTIC DISEASE, OTH SITE, INIT	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	5		0		0
REMOVAL OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	8		0		0
REMOVAL OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Other	Approved	2		0		0
REMOVAL OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST CAPSULE; REMOVAL OF BREAST CAPSULE	N64.4 - Breast pain; T85.44XA - Capsular contracture of breast implant	Plastic Surgery	Approved	2		0		0

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REMOVAL OF BREAST CAPSULE; REMOVAL OF BREAST CAPSULE; REMOVAL OF BREAST IMPLANT; REMOVAL OF BREAST	N64.4 - Breast pain; T85.44XA - Breast implant capsular contracture	Plastic Surgery	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	3		0		0
REMOVAL OF BREAST IMPLANT	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	HYPERTROPHY OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	HYPOPLASIA OF BREAST	Surgery, General	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	HYPOPLASIA OF BREAST	Surgery, General	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	MASTITIS WITHOUT ABSCESS	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	MASTITIS WITHOUT ABSCESS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	MASTODYNIA	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	MASTODYNIA	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	OTHER MYELOID LEUKEMIA, IN REMISSION	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	4		0		0
REMOVAL OF BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	4		0		0
REMOVAL OF BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF BREAST IMPLANT	PRSNL HX OF MALIG NEOPLM OF LYMPHOID, HEMATPOETC & REL TISS	Ancillary	Approved	1		0		0
REMOVAL OF BREAST LESION	ABSCESS OF THE BREAST AND NIPPLE	Facility	Approved	1		0		0
REMOVAL OF BREAST LESION	ACCESSORY BREAST	Ancillary	Approved	3		0		0
REMOVAL OF BREAST LESION	D24.2 - Benign neoplasm of left breast	General Surgery	Approved	1		0		0
REMOVAL OF BREAST LESION	DISORDER OF BREAST, UNSPECIFIED	Ancillary	Approved	6		0		0
REMOVAL OF BREAST LESION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST LESION	N64.9 - Disorder of breast, unspecified	General Surgery	Approved	1		0		0
REMOVAL OF BREAST LESION	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Approved	1		0		0
REMOVAL OF BREAST LESION	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	Ancillary	Approved	2		0		0
REMOVAL OF BREAST LESION	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	Ancillary	Approved	3		0		0
REMOVAL OF BREAST LESION; REMOVAL OF BREAST LESION	M79.629 - Pain in axilla; Q83.1 - Accessory breast	Plastic Surgery	Approved	1		0		0
REMOVAL OF BREAST TISSUE	ENCOUNTER FOR COSMETIC SURGERY	Facility	Approved	1		0		0
REMOVAL OF BREAST TISSUE	HYPERTROPHY OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF CERVIX	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	HOSPITAL	Approved	1		0		0
REMOVAL OF CERVIX	PELVIC AND PERINEAL PAIN	HOSPITAL	Approved	1		0		0
REMOVAL OF CHEST WALL LESION	OTHER BIOMECHANICAL LESIONS OF RIB CAGE	Other	Approved	1		0		0
REMOVAL OF COLON	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
REMOVAL OF COLON	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF EPIGLOTTIS	CONGENITAL LARYNGOMALACIA	Facility	Approved	1		0		0
REMOVAL OF EYE LESION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0

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REMOVAL OF EYE LESION	H11.001 - Unspecified pterygium of right eye	Ophthalmology	Approved	1		0		0
REMOVAL OF EYE LESION	UNSPECIFIED PTERYGIUM OF EYE, BILATERAL	Ancillary	Approved	3		0		0
REMOVAL OF EYE LESION	UNSPECIFIED PTERYGIUM OF LEFT EYE	Ancillary	Approved	5		0		0
REMOVAL OF EYE LESION	UNSPECIFIED PTERYGIUM OF RIGHT EYE	Ancillary	Approved	2		0		0
REMOVAL OF FOOT FOREIGN BODY	SUPERFICIAL FOREIGN BODY, LEFT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
REMOVAL OF FOOT FOREIGN BODY	SUPERFICIAL FOREIGN BODY, RIGHT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
REMOVAL OF FOOT FOREIGN BODY	SUPERFICIAL FOREIGN BODY, RIGHT FOOT, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
REMOVAL OF FOOT FOREIGN BODY; REMOVAL OF SUPPORT IMPLANT, DEEP	S90.852A - Superficial foreign body, left foot, initial encounter	Orthopedics-Foot and Ankle Surgery	Approved	1		0		0
REMOVAL OF FOOT LESION	BENIGN NEOPLASM OF DUODENUM	Ancillary	Approved	1		0		0
REMOVAL OF FOOT LESION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
REMOVAL OF FOOT LESION	LESION OF PLANTAR NERVE, LEFT LOWER LIMB	Ancillary	Approved	2		0		0
REMOVAL OF FOOT LESION	LESION OF PLANTAR NERVE, RIGHT LOWER LIMB	Ancillary	Approved	2		0		0
Removal of foreign body, deep, thigh region or knee area	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
REMOVAL OF GALLBLADDER	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	1		0		0
REMOVAL OF GALLBLADDER	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
REMOVAL OF GALLBLADDER	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF GALLBLADDER	OTHER CHOLELITHIASIS WITH OBSTRUCTION	Facility	Approved	1		0		0
REMOVAL OF GALLBLADDER	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Facility	Approved	1		0		0
REMOVAL OF HEART LESION	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
REMOVAL OF HYDROCELE	HYDROCELE, UNSPECIFIED	Ancillary	Approved	2		0		0
REMOVAL OF HYDROCELE	VASCULAR DISORDERS OF MALE GENITAL ORGANS	Ancillary	Approved	1		0		0
REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	AUTISTIC DISORDER	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	IMPACTED TEETH	Dentistry	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	MASTITIS WITHOUT ABSCESS	Facility	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	MASTITIS WITHOUT ABSCESS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF IMPLANT MATERIAL	MASTODYNIA	Ancillary	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNR	Facility	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNR	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF IMPLANT MATERIAL	UNSPECIFIED OPEN WOUND OF RIGHT BREAST, SEQUELA	Facility	Approved	1		0		0
REMOVAL OF INNER EYE FLUID	OTHER DISEASES OF VOCAL CORDS	Ancillary	Approved	1		0		0
REMOVAL OF INNER EYE FLUID	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
REMOVAL OF INTACT MAMMARY IMPLANT	Capsular contracture of breast implant, subsequent encounter	Neurology		0		0	Approved	1
REMOVAL OF INTRANASAL LESION	CHRONIC PANSINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVAL OF INTRANASAL LESION	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	2		0		0
REMOVAL OF JAW BONE LESION	MALIGNANT NEOPLASM OF RETROMOLAR AREA	Facility	Approved	1		0		0
REMOVAL OF JAW JOINT	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0

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REMOVAL OF KIDNEY & URETER	MALIG NEOPLM OF RIGHT TESTIS, UNSP DESCENDED OR UNDESCENDED	Facility	Approved	1		0		0
REMOVAL OF KIDNEY & URETER	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	2		0		0
REMOVAL OF KIDNEY STONE	CALCULUS OF KIDNEY	Facility	Approved	6		0		0
REMOVAL OF KIDNEY STONE	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF KIDNEY STONE; ANCILLARY ANESTHESIOLOGIST; OBS/IP HOSP SAME DATE	N20.0 - Staghorn calculus	Urology	Approved	1		0		0
REMOVAL OF LARYNX LESION	CERVICALGIA	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	MALIGNANT NEOPLASM OF THYROID GLAND	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF LYMPH NODES NECK	NEOPLM OF UNCRT BEHAV OF LYMPHOID,HEMATPOETC & REL TISS,UNSP	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	NONTOXIC MULTINODULAR GOITER	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	SEC AND UNSP MALIG NEOPLASM OF NODES OF HEAD, FACE AND NECK	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	SEC AND UNSP MALIG NEOPLASM OF NODES OF HEAD, FACE AND NECK	Other	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	SPONTANEOUS TENSION PNEUMOTHORAX	Ancillary	Approved	1		0		0
REMOVAL OF NAIL BED	CELLULITIS OF UNSPECIFIED TOE	Facility	Approved	1		0		0
REMOVAL OF OMENTUM	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	1		0		0
REMOVAL OF OVARIAN CYST(S)	BENIGN NEOPLASM OF LEFT OVARY	Facility	Approved	1		0		0
REMOVAL OF OVARIAN CYST(S)	NONINFLAMMATORY DISORD OF OVARY, FALLOP & BROAD LIGMT, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF OVARIAN CYST(S)	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	Facility	Approved	1		0		0
REMOVAL OF OVARY(S)	BENIGN NEOPLASM OF RIGHT OVARY	Facility	Approved	1		0		0
REMOVAL OF OVARY/TUBE(S)	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Other	Approved	1		0		0
REMOVAL OF OVARY/TUBE(S)	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Facility	Approved	1		0		0
REMOVAL OF PILONIDAL LESION	L05.91 - Pilonidal cyst without abscess	General Surgery	Approved	1		0		0
REMOVAL OF PILONIDAL LESION; REMOVAL OF PILONIDAL LESION; ANCILLARY ANESTHESIOLOGIST	L05.91 - Pilonidal cyst without abscess	General Surgery	Approved	1		0		0
REMOVAL OF PITUITARY GLAND	BENIGN NEOPLASM OF PITUITARY GLAND	Facility	Approved	1		0		0
REMOVAL OF PITUITARY GLAND	BENIGN NEOPLASM OF PITUITARY GLAND	Other	Approved	1		0		0
REMOVAL OF PROSTATE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Other	Approved	1		0		0
Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid component	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	INF & INFLAM REACT INTRLT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	INF & INFLAM REACT INTRLT RT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
REMOVAL OF RECTUM	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	2		0		0
REMOVAL OF RECTUM	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	1		0		0
REMOVAL OF RECTUM	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	Facility	Approved	1		0		0
REMOVAL OF RECTUM; INITIAL HOSPITAL CARE	C20 - Malignant neoplasm of rectum	General Surgery	Approved	1		0		0

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REMOVAL OF RECTUM; INITIAL HOSPITAL CARE	K63.2 - Fistula of intestine; Z85.048 - Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	General Surgery	Approved	1		0		0
REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	AUTISTIC DISORDER	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF SCROTUM LESION	CUTANEOUS ABSCESS OF PERINEUM	Ancillary	Approved	1		0		0
REMOVAL OF SESAMOID BONE	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	Ancillary	Approved	1		0		0
REMOVAL OF SESAMOID BONE	M25.80 - Other specified joint disorders, unspecified joint; M79.672 - Pain in left foot	Podiatry-Foot and Ankle Surgery	Approved	1		0		0
REMOVAL OF SESAMOID BONE	M87.00 - Idiopathic aseptic necrosis of unspecified bone	Orthopedics-Foot and Ankle Surgery	Approved	1		0		0
REMOVAL OF SESAMOID BONE	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED JOINT	Ancillary	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	FISTULA OF INTESTINE	Facility	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	MALIGNANT CARCINOID TUMOR OF THE SM INT, UNSP PORTION	Other	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	Other	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Facility	Approved	1		0		0
REMOVAL OF SPERM DUCT(S)	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	Ancillary	Approved	2		0		0
REMOVAL OF SPERM DUCT(S)	ENCOUNTER FOR STERILIZATION	Ancillary	Approved	1		0		0
REMOVAL OF SPERM DUCT(S)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REMOVAL OF SPERM DUCT(S)	SNORING	Ancillary	Approved	1		0		0
REMOVAL OF SPERM DUCT(S); ANCILLARY ANESTHESIOLOGIST	Z30.09 - Encounter for other general counseling and advice on contraception	Urology	Approved	1		0		0
REMOVAL OF SPLEEN TOTAL	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Other	Approved	1		0		0
REMOVAL OF STOMACH	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
REMOVAL OF STOMACH PARTIAL	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF STOMACH PARTIAL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF STOMACH PARTIAL	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF STOMACH PARTIAL	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	Other	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	ANKYLOSIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	CHRONIC OSTEOMYELIT W DRAINING SINUS, LEFT TIBIA AND FIBULA	Facility	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	CONTRACTURE RIGHT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	DISPL FX LAT MALLEOLUS RT FIBULA INIT CLOS FX	ORTHOPEDIC SURGERY	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	DISPL MAISONNEUVES FX LT LEG INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF R RADIUS, SEQUELA	Ancillary	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	DSPLC CMNT FX SHAFT RT FEMUR SUB ENC CLOS FX MU	SURGERY-ORTHOPEDIC	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	DSPLCD FX SHAFT LT CLAV SUB ENC FX W/DELAY HLNG	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	SURGERY-ORTHOPEDIC	Approved	1		0		0

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REMOVAL OF SUPPORT IMPLANT	INF & INFLAM REACT INTRL RT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	INFECT/INFLM REACT DUE TO OTH INT ORTH PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Ancillary	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	MECH LOOSENING OTH INTRL PROSTH JNT INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	METATARSALGIA LEFT FOOT	PODIATRY	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	OLECRANON BURSITIS RIGHT ELBOW	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	ORTHOPEdic SURGERY	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEdic SURGERY	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	PAIN DUE TO INTERNAL ORTHOPEdic PROSTH DEV/GRFT, INIT	Ancillary	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	PAIN DUE TO INTERNAL ORTHOPEdic PROSTH DEV/GRFT, SUBS	Facility	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT SUBSQT ENC	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
REMOVAL OF SUPPORT IMPLANT	PECTUS EXCAVATUM	Facility	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	POST-TRAUMATIC OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	Ancillary	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	SOLITARY BONE CYST UNSPECIFIED SITE	PEDIATRIC ORTHOPEdicIST	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	SPASTIC DIPLEGIC CEREBRAL PALSY	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF SUPPORT IMPLANT	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
REMOVAL OF SUPPORT IMPLANT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEdic	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEdic	Approved	5		0		0
REMOVAL OF SUPPORT IMPLANT	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	UNS COMP INTRL ORTH PROS DEVC IMPL GFT SBSQT ENC	SURGERY-ORTHOPEdic	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	UNS FX LT PATELLA SUBSQT ENC CLOS FX RTN HEAL	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
REMOVAL OF SUPPORT IMPLANT	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEdic	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE	Facility	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT, DEEP	M86.462 - Chronic osteomyelitis with draining sinus, left tibia and fibula	Orthopedic Surgery	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT, DEEP; ANCILLARY ANESTHESIOLOGIST	Z96.9 - Presence of functional implant, unspecified	Orthopedic Surgery	Approved	1		0		0
REMOVAL OF TAIL BONE	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Other	Approved	1		0		0
REMOVAL OF TESTIS	N50.89 - Other specified disorders of the male genital organs	Urology	Approved	1		0		0
REMOVAL OF THYMUS GLAND	NEOPLASM OF UNCERTAIN BEHAVIOR OF MEDIASTINUM	Facility	Approved	1		0		0
REMOVAL OF THYROID	DISORDER OF THYROID, UNSPECIFIED	HOSPITAL	Approved	1		0		0

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REMOVAL OF THYROID	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
REMOVAL OF THYROID	INSOMNIA, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	4		0		0
REMOVAL OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF THYROID	NONTOXIC GOITER, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF THYROID	NONTOXIC MULTINODULAR GOITER	Facility	Approved	2		0		0
REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	Facility	Approved	1		0		0
REMOVAL OF THYROID	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
REMOVAL OF TISSUE FOR GRAFT	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Ancillary	Approved	1		0		0
REMOVAL OF TISSUE FOR GRAFT	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF TISSUE FOR GRAFT	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF TOE LESIONS	PATH FX IN NEOPLTC DISEASE, L FOOT, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	ACUTE RECURRENT STREPTOCOCCAL TONSILLITIS	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
REMOVAL OF TONSILS	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF TONSILS	CHRONIC SEROUS OTITIS MEDIA, BILATERAL	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	CHRONIC TONSILLITIS	Ancillary	Approved	5		0		0
REMOVAL OF TONSILS	CYCLICAL VOMITING, IN MIGRAINE, NOT INTRACTABLE	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	HYPERTROPHY OF TONSILS	Ancillary	Approved	4		0		0
REMOVAL OF TONSILS	HYPERTROPHY OF TONSILS	Facility	Approved	3		0		0
REMOVAL OF TONSILS	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	POSTPROC HEMOR OF A RESP SYS ORG FOL A RESP SYS PROCEDURE	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	SNORING	Ancillary	Approved	1		0		0
REMOVAL OF TONSILS	UNSP FRACTURE OF RIGHT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
REMOVAL OF UPPER JAW	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	Facility	Approved	1		0		0
REMOVAL OF UPPER JAW	MALIGNANT NEOPLASM OF MAXILLARY SINUS	Other	Approved	1		0		0
REMOVAL OF UPPER JAW	PRIMARY HYPERPARATHYROIDISM	Facility	Approved	1		0		0
REMOVAL OF URETHRA LESION	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Ancillary	Approved	1		0		0
REMOVAL OF URETHRA LESION	URETHRAL DIVERTICULUM	Ancillary	Approved	1		0		0
REMOVAL OF URETHRA LESION	URETHRAL DIVERTICULUM	Facility	Approved	1		0		0
REMOVAL OF VERTEBRAL BODY; NECK SPINE FUSION; ADDITIONAL SPINAL FUSION; INSERTION OF INTERVERTEBRA	G95.20 - Unspecified cord compression; G95.9 - Disease of spinal cord, unspecified	Neurosurgery	Approved	1		0		0
REMOVAL OF WRIST LESION	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), RIGHT HAND	Ancillary	Approved	1		0		0
REMOVAL PELVIC LYMPH NODES	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	1		0		0
REMOVAL PELVIC LYMPH NODES	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL PELVIC LYMPH NODES	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
REMOVAL PELVIC LYMPH NODES	MALIGNANT NEOPLASM OF ENDOMETRIUM	Other	Approved	2		0		0
REMOVAL SPINAL NEUROSTIMULATOR ELECTRODE PERCU ARRAY(S) WFLUOROSCOPY; REVISE/REMOVE NEURORECEIVER	G89.29 - Other chronic pain	Neurosurgery	Approved	1		0		0
REMOVAL SWEAT GLAND LESION	HIDRADENITIS SUPPURATIVA	Family Medicine	Approved	1		0		0
REMOVAL SWEAT GLAND LESION	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	Ancillary	Approved	2		0		0

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REMOVAL TUNNELED CV CATH	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	C11.9 - Malignant neoplasm of nasopharynx, unspecified	Hematology/Oncology	Approved	1		0		0
REMOVAL TUNNELED CV CATH	C54.9 - Malignant neoplasm of corpus uteri, unspecified	Hematology/Oncology	Approved	1		0		0
REMOVAL TUNNELED CV CATH	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	DIFFUSE LARGE B-CELL LYMPHOMA, NODES OF HEAD, FACE, AND NECK	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	END STAGE RENAL DISEASE	Facility	Approved	5		0		0
REMOVAL TUNNELED CV CATH	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF VAGINA	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	RECTAL ABSCESS	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	Z45.2 - Encounter for adjustment and management of vascular access device	Internal Medicine	Approved	1		0		0
REMOVAL TUNNELED CV CATH; ANCILLARY ANESTHESIOLOGIST	C50.911 - Malignant neoplasm of unspecified site of right female breast	Hematology/Oncology	Approved	1		0		0
REMOVE ABDOMEN LYMPH NODES	MALIG NEOPLM OF RIGHT TESTIS, UNSP DESCENDED OR UNDESCENDED	Other	Approved	1		0		0
REMOVE ABDOMEN LYMPH NODES	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	Other	Approved	1		0		0
REMOVE ABDOMINAL LYMPH NODES	MALIGNANT NEOPLASM OF DUODENUM	Convenience Care Clinic	Approved	1		0		0
REMOVE ABDOMINAL LYMPH NODES	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Approved	1		0		0
REMOVE ABDOMINAL LYMPH NODES	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	Facility	Approved	1		0		0
REMOVE ABDOMINAL LYMPH NODES	SECONDARY AND UNSP MALIGNANT NEOPLASM OF LYMPH NODE, UNSP	Urology	Approved	1		0		0
REMOVE ANAL FIST COMPLEX	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
REMOVE ANAL FIST INTER	ANAL ABSCESS	Ancillary	Approved	1		0		0
REMOVE ANAL FIST INTER	ANAL FISSURE, UNSPECIFIED	Ancillary	Approved	1		0		0
REMOVE ANAL FIST INTER	ANAL FISTULA	Ancillary	Approved	2		0		0
REMOVE ANAL FIST INTER	ANAL FISTULA	Facility	Approved	1		0		0
REMOVE ANAL FIST INTER	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
REMOVE ANAL FIST INTER	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
REMOVE ANAL FIST INTER	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
REMOVE ANAL FIST INTER	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0

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REMOVE ANAL FIST INTER	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	Ancillary	Approved	1		0		0
REMOVE ARMPIT LYMPH NODES	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
REMOVE ARMPIT LYMPH NODES	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Facility	Approved	1		0		0
REMOVE BLADDER/CREATE POUCH	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	Facility	Approved	1		0		0
REMOVE BONE FIXATION DEVICE	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	Facility	Approved	1		0		0
REMOVE BONE FIXATION DEVICE	PERSON INJURED IN COLLISION BETW OTH MTR VEH (TRAFFIC), INIT	Surgery, Orthopedic	Approved	1		0		0
REMOVE BRAIN CAVITY SHUNT	MECH COMPL OF VENTRICULAR INTRACRANIAL SHUNT, INIT	Facility	Approved	1		0		0
REMOVE BRAIN LINING LESION	BENIGN NEOPLASM OF CEREBRAL MENINGES	Facility	Approved	1		0		0
REMOVE BRAIN LINING LESION	BENIGN NEOPLASM OF CEREBRAL MENINGES	Other	Approved	1		0		0
REMOVE BRAIN LINING LESION	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Facility	Approved	2		0		0
REMOVE BRAIN LINING LESION	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Other	Approved	3		0		0
REMOVE BRAIN LINING LESION	DISORDER OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE BRAIN LINING LESION	MALIGNANT NEOPLASM OF FRONTAL LOBE	Other	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	ACQUIRED DEFORMITY OF NOSE	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE CARTILAGE FOR GRAFT	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	CHRONIC PANSINUSITIS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE CARTILAGE FOR GRAFT	DEVIATED NASAL SEPTUM	Ancillary	Approved	2		0		0
REMOVE CARTILAGE FOR GRAFT	DEVIATED NASAL SEPTUM	Facility	Approved	8		0		0
REMOVE CARTILAGE FOR GRAFT	DEVIATED NASAL SEPTUM	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE CARTILAGE FOR GRAFT	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	OTH MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PARTS OF FACE	Ancillary	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	OTHER INSTABILITY, LEFT KNEE	Facility	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	2		0		0
REMOVE CARTILAGE FOR GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE CARTILAGE FOR GRAFT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	TOTAL PERFORATIONS OF TYMPANIC MEMBRANE, LEFT EAR	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE CARTILAGE FOR GRAFT	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	Ancillary	Approved	1		0		0
REMOVE CERCLAGE SUTURE	35 WEEKS GESTATION OF PREGNANCY	Facility	Approved	1		0		0
REMOVE ELCTRD TRANSVENOUSLY	OTHER CARDIOMYOPATHIES	Facility	Approved	1		0		0
REMOVE EPIDIDYMIS LESION	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
REMOVE EPIDIDYMIS LESION	SPERMATOCELE OF EPIDIDYMIS, UNSPECIFIED	Ancillary	Approved	1		0		0
REMOVE EXOSTOSIS MAXILLA	OTHER SPECIFIED DISEASES OF JAWS	Facility	Approved	1		0		0
REMOVE EXTERNAL EAR PARTIAL	OTHER SPECIFIED DISORDERS OF LEFT EAR	Ancillary	Approved	1		0		0
REMOVE EXTERNAL EAR, PARTIAL	H93.8X2 - Other specified disorders of left ear	Ent-Otolaryngology	Approved	1		0		0
REMOVE EXTRA SPINE SEGMENT	DYSPHAGIA, ORAL PHASE	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE EYELID LESION	CYSTS OF LEFT LOWER EYELID	Ancillary	Approved	1		0		0
REMOVE EYELID LESION	UNSPECIFIED DISORDER OF EYELID	Ancillary	Approved	1		0		0
REMOVE EYELID LESION(S)	CHALAZION LEFT UPPER EYELID	Ancillary	Approved	1		0		0
REMOVE EYELID LESION(S)	CHALAZION RIGHT UPPER EYELID	Ancillary	Approved	1		0		0
REMOVE EYELID LINING LESION	CYSTS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	Ancillary	Approved	1		0		0
REMOVE EYELID LINING LESION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
REMOVE EYELID LINING LESION; OCULAR RECONST, TRANSPLANT	H11.9 - Unspecified disorder of conjunctiva	Ophthalmology	Approved	1		0		0

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REMOVE FOREIGN BODY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
REMOVE FOREIGN BODY	RESIDUAL FOREIGN BODY IN SOFT TISSUE	Ancillary	Approved	1		0		0
REMOVE GROIN LYMPH NODES	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE INT/EXT HEM 1 GROUP	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST, INIT	Ancillary	Approved	1		0		0
REMOVE INT/EXT HEM 1 GROUP	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	Ancillary	Approved	1		0		0
REMOVE INT/EXT HEM 1 GROUP	OTHER HEMORRHOIDS	Ancillary	Approved	4		0		0
REMOVE INT/EXT HEM 1 GROUP	PERIANAL VENOUS THROMBOSIS	Ancillary	Approved	1		0		0
REMOVE INT/EXT HEM 1 GROUP	RESIDUAL HEMORRHOIDAL SKIN TAGS	Ancillary	Approved	3		0		0
REMOVE INT/EXT HEM 1 GROUP	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
REMOVE KIDNEY LIVING DONOR	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
REMOVE KIDNEY OPEN	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Surgery, General	Approved	1		0		0
REMOVE KIDNEY OPEN	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Other	Approved	1		0		0
REMOVE KIDNEY OPEN	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Other	Approved	1		0		0
REMOVE LAMINA/FACETS LUMBAR	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	BENIGN NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	Facility	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	DISORDER OF BONE, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	Facility	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	ULNAR COLLATERAL LIGAMENT SPRAIN OF LEFT ELBOW, INIT ENCNR	Ancillary	Approved	1		0		0
REMOVE MAXILLA CYST COMPLEX	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	Facility	Approved	1		0		0
REMOVE PART OF NECK VERTEBRA	DYSPHAGIA, ORAL PHASE	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE PERM CANNULA/CATHETER	N18.6 - End stage renal disease	Internal Medicine Nephrology	Approved	1		0		0
REMOVE PILONIDAL CYST COMPL	PILONIDAL CYST WITH ABSCESS	Facility	Approved	1		0		0
REMOVE PILONIDAL CYST COMPL	PILONIDAL CYST WITHOUT ABSCESS	Facility	Approved	3		0		0
REMOVE PILONIDAL CYST EXTEN	PILONIDAL CYST WITHOUT ABSCESS	Ancillary	Approved	1		0		0
REMOVE PILONIDAL CYST EXTEN	PILONIDAL CYST WITHOUT ABSCESS	Facility	Approved	1		0		0
REMOVE PILONIDAL CYST SIMPLE	PILONIDAL CYST WITH ABSCESS	Ancillary	Approved	1		0		0
REMOVE PILONIDAL CYST SIMPLE	PILONIDAL CYST WITHOUT ABSCESS	Ancillary	Approved	3		0		0
REMOVE PITUIT TUMOR W/SCOPE	BENIGN NEOPLASM OF PITUITARY GLAND	Facility	Approved	2		0		0
REMOVE PITUIT TUMOR W/SCOPE	BENIGN NEOPLASM OF PITUITARY GLAND	Other	Approved	2		0		0
REMOVE PITUIT TUMOR W/SCOPE	BENIGN NEOPLASM OF PITUITARY GLAND	Radiology	Approved	1		0		0
REMOVE PITUIT TUMOR W/SCOPE	MALIGNANT NEOPLASM OF NASAL CAVITY	Facility	Approved	1		0		0
REMOVE PITUIT TUMOR W/SCOPE	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Other	Approved	1		0		0
REMOVE RECTUM W/RESERVOIR	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	Facility	Approved	1		0		0
REMOVE SACRUM PRESSURE SORE	PRESSURE ULCER OF SACRAL REGION, STAGE 3	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	CERVICALGIA	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	4		0		0
REMOVE SPINAL LAMINA ADD-ON	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	FEVER, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0

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REMOVE SPINAL LAMINA ADD-ON	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	LOW BACK PAIN	Facility	Approved	2		0		0
REMOVE SPINAL LAMINA ADD-ON	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	NAUSEA	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	6		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	3		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	General Practice	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	PAIN IN THORACIC SPINE	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	6		0		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Approved	8		0		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SCIATICA, UNSPECIFIED SIDE	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL INSTABILITIES, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	2		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	24		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Anesthesiology	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	8		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	General Practice	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	3		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE ELTRD PERQ ARAY	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	ARTHRODESIS STATUS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	DISCITIS, UNSPECIFIED, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	OTHER SECONDARY KYPHOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	SCIATICA, UNSPECIFIED SIDE	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, SUBS	Other	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA >2 CRVCL	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA >2 CRVCL	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA >2 CRVCL	WEAKNESS	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 CRVL	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 CRVL	CERVICAL DISC DISORDER W RADICULOPATHY, CERVICOTHOR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 CRVL	CERVICALGIA	Facility	Approved	1		0		0

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REMOVE SPINE LAMINA 1 CRVL	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 CRVL	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	General Practice	Approved	1		0		0
REMOVE SPINE LAMINA 1 CRVL	RADICULOPATHY, CERVICAL REGION	Facility	Approved	6		0		0
REMOVE SPINE LAMINA 1 CRVL	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 CRVL	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	ARTHRODESIS STATUS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	CERVICALGIA	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	5		0		0
REMOVE SPINE LAMINA 1 LMBR	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	FEVER, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 LMBR	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	LOW BACK PAIN	Facility	Approved	5		0		0
REMOVE SPINE LAMINA 1 LMBR	LOW BACK PAIN	Facility	Denied	3	Services are not medically necessary	3		0
REMOVE SPINE LAMINA 1 LMBR	LUMBAGO WITH SCIATICA, LEFT SIDE	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	NAUSEA	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER BURSAL CYST, OTHER SITE	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	9		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOPATHIES	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	3		0		0

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REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	PLANTAR FASCIAL FIBROMATOSIS	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	4		0		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	Facility	Approved	20		0		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SCIATICA, LEFT SIDE	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SCIATICA, UNSPECIFIED SIDE	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL INSTABILITIES, LUMBAR REGION	Facility	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	30		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Internal Medicine	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	21		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBOSACRAL REGION	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Other	Approved	1		0		0
REMOVE SPINE LAMINA 1/2 CRVL	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1/2 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0

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REMOVE SPINE LAMINA 1/2 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE TENDON SHEATH LESION	GANGLION, RIGHT HAND	Ancillary	Approved	1		0		0
REMOVE THORACIC LYMPH NODES	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE THYROID DUCT LESION	CONGENITAL MALFORMATIONS OF OTHER ENDOCRINE GLANDS	Ancillary	Approved	1		0		0
REMOVE TISSUE EXPANDER(S)	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Facility	Approved	1		0		0
REMOVE TISSUE EXPANDER(S)	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVE TISSUE EXPANDER(S)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Ancillary	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	Facility	Approved	3		0		0
REMOVE TONSILS AND ADENOIDS	ACUTE SEROUS OTITIS MEDIA, RIGHT EAR	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	ACUTE TONSILLITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	CARDIAC MURMUR, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	CHRONIC TONSILLITIS	Ancillary	Approved	3		0		0
REMOVE TONSILS AND ADENOIDS	CHRONIC TONSILLITIS	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	CHRONIC TONSILLITIS AND ADENOIDITIS	Ancillary	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	CONGENITAL HYPOTONIA	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	HYPERTROPHY OF TONSILS	Ancillary	Approved	2		0		0
REMOVE TONSILS AND ADENOIDS	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Ancillary	Approved	14		0		0
REMOVE TONSILS AND ADENOIDS	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Facility	Approved	22		0		0
REMOVE TONSILS AND ADENOIDS	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE TONSILS AND ADENOIDS	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	OTHER AUTOINFLAMMATORY SYNDROMES	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	PAIN IN THROAT	Ancillary	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	POSTPROC HEMOR OF A RESP SYS ORG FOL A RESP SYS PROCEDURE	Ancillary	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	SLEEP APNEA, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	SLEEP DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE TONSILS AND ADENOIDS	SNORING	Ancillary	Approved	2		0		0
REMOVE TUNNELED IP CATH	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
REMOVE VAGINA GLAND LESION	CYST OF BARTHOLIN'S GLAND	Facility	Approved	1		0		0
REMOVE VAGINA LESION	N90.89 - Vulval lesion	OB/Gyn	Approved	1		0		0
REMOVE VAGINA LESION	OTH NONINFLAMMATORY DISORDERS OF VULVA AND PERINEUM	Ancillary	Approved	1		0		0
REMOVE VAGINA LESION	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	Facility	Approved	1		0		0
REMOVE VAGINA TISSUE PART	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	Ancillary	Approved	1		0		0
REMOVE VAGINA WALL COMPLETE	POSTMENOPAUSAL BLEEDING	Facility	Approved	1		0		0
REMOVE VENTILATING TUBE	CHRONIC MUCOID OTITIS MEDIA, RIGHT EAR	Ancillary	Approved	1		0		0
REMOVE VENTILATING TUBE	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Ancillary	Approved	1		0		0
REMOVE VENTILATING TUBE	MYRINGOTOMY TUBE(S) STATUS	Ancillary	Approved	2		0		0
REMOVE VENTILATING TUBE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Ancillary	Approved	2		0		0

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REMOVE VERT BODY DCMPRN CRVL	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN CRVL	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	1		0		0
REMOVE VERT BODY DCMPRN CRVL	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN CRVL	DYSPHAGIA, ORAL PHASE	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN CRVL	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	1		0		0
REMOVE VERT BODY DCMPRN CRVL	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Facility	Approved	1		0		0
REMOVE VERT BODY DCMPRN CRVL	OTHER SECONDARY KYPHOSIS, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE VERT BODY DCMPRN CRVL	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN CRVL	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE VERT BODY DCMPRN CRVL	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	2		0		0
REMOVE VERT BODY DCMPRN CRVL	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERTEBRAL BODY ADD-ON	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERTEBRAL BODY ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	1		0		0
REMOVE VERTEBRAL BODY ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERTEBRAL BODY ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	1		0		0
REMOVE VERTEBRAL BODY ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Facility	Approved	1		0		0
REMOVE VERTEBRAL BODY ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE WINDPIPE LESION	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	1		0		0
REMOVE WRIST TENDON LESION	GANGLION, LEFT WRIST	Ancillary	Approved	1		0		0
REMOVE WRIST TENDON LESION	GANGLION, UNSPECIFIED SITE	Ancillary	Approved	5		0		0
REMOVE/GRAFT LEG BONE LESION	SPRAIN OF UNSP CRUCIATE LIGAMENT OF RIGHT KNEE, INIT ENCNT	Ancillary	Approved	1		0		0
REMOVE/INSERT DRUG IMPLANT	PRECOCIOUS PUBERTY	Facility	Approved	1		0		0
REMOVE/REPLACE PENIS PROSTH	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	Facility	Approved	1		0		0
REMOVE/REPLACE PENIS PROSTH	MECH COMPL OF IMPLANTED PENILE PROSTHESIS, INITIAL ENCOUNTER	Facility	Approved	2		0		0
REMOVE/REPLACE PENIS PROSTH	PAIN IN RIGHT LOWER LEG	Ancillary	Approved	1		0		0
REMVLS INSJ IMPLTBL GLUC SENS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
RENAL BIOPSY PERQ	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Facility	Approved	1		0		0
RENAL BIOPSY PERQ	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Facility	Approved	1		0		0
RENAL BIOPSY PERQ	END STAGE RENAL DISEASE	Facility	Approved	2		0		0
RENAL BIOPSY PERQ	HEMATURIA, UNSPECIFIED	Facility	Approved	1		0		0
RENA-VITE TABLET	END STAGE RENAL DISEASE	Nephrology	Denied	1	Services are not medically necessary	1		0
REOPERATION BYPASS GRAFT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Facility	Approved	1		0		0
REPAIR ACHILLES TENDON	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Ancillary	Approved	1		0		0

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REPAIR ACHILLES TENDON	S86.011A - Strain of right Achilles tendon, initial encounter	Orthopedics-Foot and Ankle Surgery	Approved	1		0		0
REPAIR ACHILLES TENDON	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
REPAIR ACHILLES TENDON	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
REPAIR ACHILLES TENDON	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
REPAIR ANORECTAL FIST W/PLUG	ANAL FISTULA	Ancillary	Approved	1		0		0
REPAIR ARM TENDON/MUSCLE	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, INIT	Ancillary	Approved	1		0		0
REPAIR ARM TENDON/MUSCLE	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, SUBS	Facility	Approved	1		0		0
REPAIR ART, INTRAMURAL; ANCILLARY ANESTHESIOLOGIST	Q24.5 - Malformation of coronary vessels	Thoracic Surgery (Cardiothoracic Vascular Surgery)	Approved	1		0		0
REPAIR ARTERY RUPTURE AORTA	DISSECTION OF ABDOMINAL AORTA	Facility	Approved	1		0		0
REPAIR BICEPS TENDON	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Facility	Approved	1		0		0
REPAIR BICEPS TENDON	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Facility	Approved	1		0		0
REPAIR BICEPS TENDON	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, SUBS	Facility	Approved	1		0		0
REPAIR BLADDER DEFECT	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Ancillary	Approved	1		0		0
REPAIR BLADDER DEFECT	CYSTOCELE, MIDLINE	Facility	Approved	1		0		0
REPAIR BLADDER DEFECT	CYSTOCELE, MIDLINE	Other	Denied	1	Services are not medically necessary	1		0
REPAIR BLADDER DEFECT	CYSTOCELE, UNSPECIFIED	HOSPITAL	Approved	2		0		0
REPAIR BLADDER DEFECT	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	1		0		0
REPAIR BLADDER DEFECT	EXTRNOD MRGNL ZN B-CELL LYMPH OF MUCOSA-ASSOC LYMPHOID TISS	Ancillary	Approved	1		0		0
REPAIR BLADDER DEFECT	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
REPAIR BLADDER DEFECT	MIXED INCONTINENCE	Ancillary	Approved	3		0		0
REPAIR BLADDER DEFECT	NONDISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Facility	Approved	1		0		0
REPAIR BLADDER DEFECT	OTHER OVARIAN CYST, UNSPECIFIED SIDE	Facility	Approved	1		0		0
REPAIR BLADDER DEFECT	RECTOCELE	HOSPITAL	Approved	1		0		0
REPAIR BLADDER DEFECT	STRESS INCONTINENCE (FEMALE) (MALE)	Ancillary	Approved	5		0		0
REPAIR BLADDER DEFECT	STRESS INCONTINENCE (FEMALE) (MALE)	HOSPITAL	Approved	2		0		0
REPAIR BLADDER DEFECT	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR BLADDER-VAGINA LESION	VESICOVAGINAL FISTULA	Other	Denied	1	Services are not medically necessary	1		0
REPAIR BLOOD VESSEL LESION	NONDISP FX OF MIDDLE PHALANX OF LEFT MIDDLE FINGER, 7THB	Facility	Approved	1		0		0
REPAIR BLOOD VESSEL LESION	OCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	Other	Approved	1		0		0
REPAIR BOWEL OPENING	COLOSTOMY MALFUNCTION	Other	Approved	1		0		0
REPAIR BOWEL OPENING	COLOSTOMY STATUS	Facility	Approved	3		0		0
REPAIR BOWEL OPENING	CONGENITAL ABSENCE, ATRESIA AND STENOSIS OF ANUS W/O FISTULA	Other	Approved	1		0		0
REPAIR BOWEL OPENING	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Other	Approved	1		0		0
REPAIR BOWEL OPENING	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Facility	Approved	2		0		0
REPAIR BOWEL OPENING	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Other	Approved	1		0		0
REPAIR BOWEL OPENING	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	1		0		0

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REPAIR BOWEL OPENING	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	Other	Approved	1		0		0
REPAIR BOWEL OPENING	ILEOSTOMY STATUS	Facility	Approved	3		0		0
REPAIR BOWEL OPENING	ILEOSTOMY STATUS	Other	Approved	3		0		0
REPAIR BOWEL OPENING	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR BOWEL OPENING	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	1		0		0
REPAIR BOWEL OPENING	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	Other	Approved	2		0		0
REPAIR BOWEL OPENING	UNSP OPN WND ABD WALL, UNSP Q W/O PENET PERIT CAV, INIT	Other	Approved	1		0		0
REPAIR BOWEL-BLADDER FISTULA	VESICOINTESTINAL FISTULA	Radiology	Approved	1		0		0
REPAIR BROW DEFECT	BELL'S PALSY	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR BROW DEFECT	BROW PTOSIS, UNSPECIFIED	Ophthalmology	Approved	1		0		0
REPAIR BROW DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	Facility	Approved	1		0		0
REPAIR BROW DEFECT	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR BROW DEFECT	PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
REPAIR BROW DEFECT	RETAINED FOREIGN BODY IN RIGHT EYE, UNSPECIFIED EYELID	Facility	Approved	1		0		0
REPAIR BROW DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
REPAIR BROW DEFECT	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR BROW DEFECT	UNSPECIFIED VISUAL DISTURBANCE	Facility	Approved	1		0		0
REPAIR CLEFT LIP/NASAL	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	2		0		0
REPAIR DEFECT OF ARTERY	ANEURYSM OF ARTERY OF LOWER EXTREMITY	Other	Approved	1		0		0
REPAIR DEFECT OF ARTERY	ANEURYSM OF ARTERY OF UPPER EXTREMITY	Other	Approved	1		0		0
REPAIR DEFECT OF ARTERY	ANEURYSM OF RENAL ARTERY	Facility	Approved	1		0		0
REPAIR DEFECT OF ARTERY	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR DETACHED RETINA	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
REPAIR DETACHED RETINA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REPAIR DETACHED RETINA	RETINAL DETACHMENT WITH MULTIPLE BREAKS, RIGHT EYE	Ancillary	Approved	1		0		0
REPAIR DETACHED RETINA	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, LEFT EYE	Ancillary	Approved	2		0		0
REPAIR DETACHED RETINA	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, LEFT EYE	Facility	Approved	1		0		0
REPAIR DETACHED RETINA	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, RIGHT EYE	Ancillary	Approved	1		0		0
REPAIR DURA	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	Other	Approved	1		0		0
REPAIR DURA	BENIGN NEOPLASM OF PITUITARY GLAND	Facility	Approved	1		0		0
REPAIR DURA	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Facility	Approved	1		0		0
REPAIR EARDRUM STRUCTURES	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, BILATERAL	Facility	Approved	1		0		0
REPAIR EARDRUM STRUCTURES	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	BENIGN NEOPLASM OF PITUITARY GLAND	Ancillary	Approved	2		0		0
REPAIR EYELID DEFECT	BLEPHAROSPASM	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	CONGENITAL PTOSIS	Ancillary	Approved	2		0		0
REPAIR EYELID DEFECT	CONGENITAL PTOSIS	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	DERMATOCHALASIS OF LEFT UPPER EYELID	Ophthalmology	Approved	1		0		0
REPAIR EYELID DEFECT	DERMATOCHALASIS OF LEFT UPPER EYELID	Ophthalmology	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Approved	4		0		0

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REPAIR EYELID DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ophthalmology	Approved	1		0		0
REPAIR EYELID DEFECT	EYELID RETRACTION RIGHT LOWER EYELID	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	EYELID RETRACTION RIGHT UPPER EYELID	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	H02.403 - Unspecified ptosis of bilateral eyelids; H02.831 - Dermatochalasis of right upper eyelid; H02.834 - Dermatochalasis of left upper eyelid	Ophthalmology	Approved	1		0		0
REPAIR EYELID DEFECT	HYPERTENSIVE EMERGENCY	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	3		0		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	Ophthalmology	Approved	1		0		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF LEFT EYELID	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF LEFT EYELID	Ophthalmology	Approved	1		0		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF RIGHT EYELID	Ophthalmology	Approved	1		0		0
REPAIR EYELID DEFECT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ophthalmology	Approved	1		0		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	5		0		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Facility	Approved	3		0		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF LEFT EYELID	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF LEFT EYELID	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF RIGHT EYELID	Ancillary	Approved	5		0		0
REPAIR EYELID DEFECT	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	6		0		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ancillary	Denied	2	Services are not medically necessary	2		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Facility	Approved	3		0		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF LEFT EYELID	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF LEFT EYELID	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF RIGHT EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF RIGHT EYELID	Facility	Approved	1		0		0
REPAIR FINGER TENDON	LACERAT EXTN MUSC/FASC/TEND UNSP FINGER AT FORARM LV, INIT	Ancillary	Approved	2		0		0
REPAIR FINGER TENDON	MALLET FINGER OF LEFT FINGER(S)	Ancillary	Approved	1		0		0
REPAIR FINGER TENDON; TREAT FINGER FRACTURE, EACH	M20.012 - Mallet finger of left finger(s)	Plastic Surgery	Approved	1		0		0
REPAIR FINGER/HAND TENDON	SPRAIN OF INTERPHALANGEAL JOINT OF UNSP FINGER, INIT ENCNTR	Ancillary	Approved	1		0		0
REPAIR FINGER/HAND TENDON; TREAT FINGER FRACTURE, EACH; ANCHOR/SCREW BN/BN,TIS/BN	S62.632B - Displaced fracture of distal phalanx of right middle finger, initial encounter for open fracture; S63.639A - Sprain of interphalangeal joint of unspecified finger, initial encounter	Hand Surgery Orthopedics	Approved	1		0		0
REPAIR FOOT DISLOCATION	DISLOCATION OF TARSOMETATARSAL JOINT OF LEFT FOOT, INIT	Ancillary	Approved	1		0		0
REPAIR FOOT DISLOCATION	DISLOCATION OF TARSOMETATARSAL JOINT OF RIGHT FOOT, INIT	Ancillary	Approved	1		0		0
REPAIR FOOT DISLOCATION	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
REPAIR FOREARM TENDON/MUSCLE	INJURY OF ULNAR NERVE AT FOREARM LEVEL, RIGHT ARM, INIT	Ancillary	Approved	1		0		0
REPAIR FOREARM TENDON/MUSCLE	LACERATION WITHOUT FOREIGN BODY OF LEFT WRIST, INIT ENCNTR	Ancillary	Approved	1		0		0
REPAIR HAND JOINT WITH GRAFT	OTH CONGEN MALFORM OF UPPER LIMB(S), INC SHOULDER GIRDLE	Facility	Approved	1		0		0
REPAIR HEART SEPTUM DEFECT	ATRIAL SEPTAL DEFECT	Facility	Approved	2		0		0
REPAIR HEART SEPTUM DEFECT	ATRIAL SEPTAL DEFECT	Other	Approved	1		0		0
REPAIR HEART SEPTUM DEFECT	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR HEART SEPTUM DEFECT	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0

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REPAIR HEART SEPTUM DEFECT	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION	Other	Approved	1		0		0
REPAIR HEART SEPTUM DEFECT	VENTRICULAR SEPTAL DEFECT	Other	Approved	1		0		0
REPAIR ING HERNIA SLIDING	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Ancillary	Approved	2		0		0
REPAIR LAMINECTOMY DEFECT	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
REPAIR LEG FASCIA DEFECT	PARTIAL TRAUMATIC TRNSPHAL AMPUTATION OF L IDX FNGR, INIT	Ancillary	Approved	1		0		0
REPAIR MULTI-COMP PENIS PROS	MECH COMPL OF IMPLANTED PENILE PROSTHESIS, INITIAL ENCOUNTER	Facility	Approved	2		0		0
REPAIR NASAL STENOSIS	ACQUIRED DEFORMITY OF NOSE	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	2		0		0
REPAIR NASAL STENOSIS	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	4		0		0
REPAIR NASAL STENOSIS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REPAIR NASAL STENOSIS	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	CHRONIC PANSINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	CHRONIC PANSINUSITIS	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	CHRONIC RHINITIS	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	CHRONIC SPHENOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Ancillary	Approved	6		0		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Facility	Approved	13		0		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Facility	Denied	2	Services are not medically necessary	2		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REPAIR NASAL STENOSIS	FRACTURE OF NASAL BONES, SEQUELA	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	FRACTURE OF NASAL BONES, SEQUELA	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	HYPERTROPHY OF NASAL TURBINATES	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	NASAL CONGESTION	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	OTH MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PARTS OF FACE	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	OTHER ABNORMALITIES OF BREATHING	Facility	Approved	2		0		0
REPAIR NASAL STENOSIS	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	16		0		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	8		0		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Family Medicine	Approved	1		0		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED RESPIRATORY DISORDERS	Ancillary	Approved	1		0		0

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REPAIR NASAL STENOSIS	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS W/IMP	CHRONIC PANSINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR OF ACHILLES TENDON	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	Mechanical ptosis of bilateral eyelids	Facility		0		0	Denied	2
REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	Mechanical ptosis of left eyelid	Pain Management		0		0	Approved	1
REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Surgery, Orthopedic		0		0	Approved	1
REPAIR OF BOWEL LESION	FISTULA OF VAGINA TO LARGE INTESTINE	Facility	Approved	1		0		0
REPAIR OF CIRCUMCISION	OTHER DISORDERS OF PREPUCE	Facility	Approved	2		0		0
REPAIR OF DIAPHRAGM HERNIA	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
REPAIR OF EARDRUM	GRANULOMATOUS DISORDER OF THE SKIN, SUBCU, UNSP	Ancillary	Approved	1		0		0
REPAIR OF EARDRUM	MYRINGOTOMY TUBE(S) STATUS	Ancillary	Approved	1		0		0
REPAIR OF EARDRUM	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Ancillary	Approved	1		0		0
REPAIR OF EARDRUM	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR	Ancillary	Approved	1		0		0
REPAIR OF EARDRUM	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	1		0		0
REPAIR OF EARDRUM	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	Ancillary	Approved	1		0		0
REPAIR OF EARDRUM; ANCILLARY ANESTHESIOLOGIST	H72.92 - Unspecified perforation of tympanic membrane, left ear	Ent-Otolaryngology	Approved	1		0		0
REPAIR OF HAMMERTOES	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	Ancillary	Approved	1		0		0
REPAIR OF HAMMERTOES	OTHER HAMMER TOE(S) (ACQUIRED), RIGHT FOOT	Ancillary	Approved	2		0		0
REPAIR OF HAMMERTOES	PAIN IN RIGHT FOOT	Ancillary	Approved	2		0		0
REPAIR OF HAMMERTOES	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	Ancillary	Approved	1		0		0
REPAIR OF HAMMERTOES; ANCHOR/SCREW BN/BN,TIS/BN; ANCHOR/SCREW BN/BN,TIS/BN; ANCHOR/SCREW BN/BN,TIS/	M20.41 - Other hammer toe(s) (acquired), right foot	Orthopedics-Foot and Ankle Surgery	Approved	1		0		0
REPAIR OF HYDROCELE	HYDROCELE, UNSPECIFIED	Ancillary	Approved	2		0		0
REPAIR OF KNEE CARTILAGE	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INIT	Ancillary	Approved	1		0		0
REPAIR OF LEG TENDON EACH	BUNIONETTE OF LEFT FOOT	Ancillary	Approved	1		0		0
REPAIR OF LEG TENDON EACH	CONGENITAL PES PLANUS, LEFT FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	DISP FX OF 5TH METATARSAL BONE, R FT, 7THG	Ancillary	Approved	1		0		0
REPAIR OF LEG TENDON EACH	FLAT FOOT [PES PLANUS] (ACQUIRED), UNSPECIFIED FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	NONINFLAMMATORY DISORDER OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT ANKLE AND FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, OTHER SITE	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT ANKLE AND FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	1		0		0
REPAIR OF LEG TENDON EACH	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	Facility	Approved	1		0		0

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REPAIR OF LEG TENDON EACH	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSP ANKLE AND FOOT	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, LEFT LEG, INIT	Ancillary	Approved	1		0		0
REPAIR OF LEG TENDON EACH	STRAIN OF MSL/FASC/TND POST GRP AT THI LEV, LEFT THIGH, INIT	Facility	Approved	1		0		0
REPAIR OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0
REPAIR OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Other	Approved	5		0		0
REPAIR OF MITRAL VALVE	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
REPAIR OF NASAL SEPTUM	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Approved	1		0		0
REPAIR OF NASAL SEPTUM	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
REPAIR OF NASAL SEPTUM	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
REPAIR OF NASAL SEPTUM	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	2		0		0
REPAIR OF NASAL SEPTUM	CHRONIC PANSINUSITIS	Ancillary	Approved	2		0		0
REPAIR OF NASAL SEPTUM	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
REPAIR OF NASAL SEPTUM	DEVIATED NASAL SEPTUM	Ancillary	Approved	22		0		0
REPAIR OF NASAL SEPTUM	DEVIATED NASAL SEPTUM	Facility	Approved	1		0		0
REPAIR OF NASAL SEPTUM	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	FRACTURE OF NASAL BONES, INIT ENCNR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	HEAT EXHAUSTION, UNSPECIFIED, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	HYPERTROPHY OF NASAL TURBINATES	Facility	Approved	1		0		0
REPAIR OF NASAL SEPTUM	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	4		0		0
REPAIR OF NASAL SEPTUM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
REPAIR OF NASAL SEPTUM	OTHER ABNORMALITIES OF BREATHING	Facility	Approved	2		0		0
REPAIR OF NASAL SEPTUM	OTHER INSTABILITY, LEFT FOOT	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	7		0		0
REPAIR OF NASAL SEPTUM	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	3		0		0
REPAIR OF NASAL SEPTUM	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNR	Ancillary	Approved	1		0		0
REPAIR OF NASAL SEPTUM; REMOVAL OF TURBINATE BONES	J34.2 - Deviated nasal septum; J34.3 - Hypertrophy of nasal turbinates	Ent-Otolaryngology	Approved	1		0		0
REPAIR OF NASAL SEPTUM; REPAIR NASAL STENOSIS; REMOVAL OF TURBINATE BONES; EAR CARTILAGE GRAFT	J34.2 - Deviated nasal septum; J34.89 - Nasal obstruction; R06.89 - Trouble breathing	Plastic Surgery	Approved	1		0		0
REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Deviated nasal septum	Facility		0		0	Denied	1
REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Emergency Medicine		0		0	Denied	1

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REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Psychiatry		0		0	Approved	1
REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Surgery, Neurological		0		0	Denied	1
REPAIR OF RECTUM	OTHER HEMORRHOIDS	Ancillary	Approved	1		0		0
REPAIR OF RECTUM	THIRD DEGREE HEMORRHOIDS	Facility	Approved	1		0		0
REPAIR OF RECTUM	UNSPECIFIED HEMORRHOIDS	Facility	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEdic SURGERY	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	INCMPLE RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	ORTHOPEdic SURGERY	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	OSTEOPHYTE LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNR	PREVENTIVE MEDICINE	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	2	Services are not medically necessary	2		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEdic SURGERY	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Approved	5		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEdic SURGERY	Approved	1		0		0

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Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	INCPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEdic	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	4	Services are not medically necessary	4		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEdic	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	SECONDARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	SPONTANEOUS RUPTURE OF OTHER TENDONS LEFT UP ARM	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEdic	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEdic	Approved	2		0		0
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND PRT BICEPS, LEFT ARM, INIT	Ancillary	Approved	3		0		0
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND PRT BICEPS, RIGHT ARM, INIT	Ancillary	Approved	3		0		0
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND PRT BICEPS, RIGHT ARM, SUBS	Facility	Approved	1		0		0
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND TRICEPS, LEFT ARM, INIT	Ancillary	Approved	1		0		0
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND TRICEPS, LEFT ARM, INIT	Facility	Approved	1		0		0
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND TRICEPS, RIGHT ARM, INIT	Facility	Approved	1		0		0
REPAIR OF SKULL DEFECT	BENIGN NEOPLASM OF PITUITARY GLAND	Facility	Approved	1		0		0
REPAIR OF SKULL DEFECT	CRANIOSYNOSTOSIS	Facility	Approved	1		0		0
REPAIR OF SKULL DEFECT	OTHER ACQUIRED DEFORMITY OF HEAD	Facility	Approved	1		0		0
REPAIR OF SKULL WITH GRAFT	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Facility	Approved	1		0		0
REPAIR OF SKULL WITH GRAFT	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Other	Approved	1		0		0
REPAIR OF SKULL WITH GRAFT	TRAUM SUBDR HEM W/O LOSS OF CONSCIOUSNESS, INIT	Other	Approved	1		0		0
REPAIR OF STOMACH LESION	ACUTE GASTRIC ULCER WITH PERFORATION	Facility	Approved	1		0		0

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REPAIR OF THIGH MUSCLE	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, INIT	HOSPITAL	Approved	1		0		0
REPAIR OF TOE DISLOCATION	DISLOCATION OF INTERPHALANGEAL JOINT OF UNSP TOE(S), INIT	Ancillary	Approved	1		0		0
REPAIR OF WOUND OR LESION	L90.5 - Scar conditions and fibrosis of skin	Plastic Surgery	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR PALATE PHARYNX/UVULA	HYPERTROPHY OF TONSILS	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR PALATE PHARYNX/UVULA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Denied	2	Services are not medically necessary	2		0
REPAIR PALATE PHARYNX/UVULA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	OTHER LESIONS OF ORAL MUCOSA	Facility	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	SLEEP APNEA, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR PROSTHESIS PER 15 MIN	OTHER DISORDERS OF GLOBE	Ancillary	Approved	1		0		0
REPAIR PULMONARY ARTERY	PULMONARY VALVE ATRESIA	Other	Approved	1		0		0
REPAIR RECTOURETHRAL FISTULA	URETHRAL FISTULA	Facility	Approved	1		0		0
REPAIR RECTUM & VAGINA	INCOMPLETE UTEROVAGINAL PROLAPSE	HOSPITAL	Approved	1		0		0
REPAIR RECTUM & VAGINA	STRESS INCONTINENCE (FEMALE) (MALE)	HOSPITAL	Approved	1		0		0
REPAIR RECTUM-VAGINA FISTULA	FISTULA OF VAGINA TO LARGE INTESTINE	Facility	Approved	1		0		0
REPAIR RETINAL DETACH CPLX	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
REPAIR RETINAL DETACH CPLX	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
REPAIR RETINAL DETACH CPLX	OTHER NON-DIABETIC PROLIFERATIVE RETINOPATHY, LEFT EYE	Ancillary	Approved	2		0		0
REPAIR RETINAL DETACH CPLX	RETINAL DETACHMENT WITH MULTIPLE BREAKS, RIGHT EYE	Ancillary	Approved	1		0		0
REPAIR RETINAL DETACH CPLX	TRACTION DETACHMENT OF RETINA, LEFT EYE	Ancillary	Approved	1		0		0
REPAIR RETINAL DETACH CPLX	TRACTION DETACHMENT OF RETINA, RIGHT EYE	Ancillary	Approved	4		0		0
REPAIR RETINAL DETACH CPLX	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, RIGHT EYE	Ancillary	Approved	1		0		0
REPAIR RETINAL DETACH CPLX	VITREOUS HEMORRHAGE, RIGHT EYE	Ancillary	Approved	1		0		0
REPAIR SHOULDER CAPSULE	OTHER INSTABILITY, RIGHT SHOULDER	Facility	Approved	1		0		0
REPAIR SPINAL FLUID LEAKAGE	CEREBROSPINAL FLUID LEAK	Other	Approved	1		0		0
REPAIR SPINAL FLUID LEAKAGE	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Approved	1		0		0
REPAIR STERNUM/NUSS W/SCOPE	PECTUS EXCAVATUM	Facility	Approved	1		0		0
REPAIR STERNUM/NUSS W/SCOPE	PECTUS EXCAVATUM	Other	Approved	1		0		0
REPAIR STOMACH OPENING	FISTULA OF STOMACH AND DUODENUM	Facility	Approved	2		0		0
REPAIR STOMACH-BOWEL FISTULA	FISTULA OF STOMACH AND DUODENUM	Facility	Approved	1		0		0
REPAIR THROAT ESOPHAGUS	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	1		0		0
REPAIR TOOTH SOCKET	DENTAL CARIES ON PIT AND FISSURE SURFACE PENETRAT INTO PULP	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR TOOTH SOCKET	DISTURBANCES IN TOOTH ERUPTION	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR TOOTH SOCKET	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FLOOR OF MOUTH	Facility	Approved	1		0		0
REPAIR TOOTH SOCKET	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
REPAIR VAGINA	TRANSVERSE VAGINAL SEPTUM	Facility	Approved	1		0		0
REPAIR VENOUS BLOCKAGE	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
REPAIR WRIST JOINTS	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	Ancillary	Approved	1		0		0
Repair, nonunion or malunion, femur, distal to head and neck;with iliac or other autogenous bone graft (includes obtaining graft)	CHRONIC OSTEOMYELITIS W/DRAINING SINUS RT FEMUR	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Repair, primary, torn ligament and/or capsule, knee; collateral	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Repair, primary, torn ligament and/or capsule, knee; collateral	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Repair, primary, torn ligament and/or capsule, knee; collateral	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	SPRAIN LAT COLLATERAL LIGAMENT LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	SPRAIN LAT COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	UNSPECIFIED DISLOCATION RT KNEE INITIAL ENC NTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
REPAIR/GRAFT HAND TENDON	STRAIN OF MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, INIT	Ancillary	Approved	1		0		0
REPAIR/GRAFT HAND TENDON; ANCILLARY ANESTHESIOLOGIST	S66.812A - Strain of other specified muscles, fascia and tendons at wrist and hand level, left hand, initial encounter	Hand Surgery Orthopedics	Approved	1		0		0
REPAIR/GRAFT KNEECAP TENDON	PATELLAR TENDINITIS, LEFT KNEE	Facility	Approved	1		0		0
REPAIR/GRAFT WRIST BONE	DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THK	Facility	Approved	1		0		0
REPAIR/GRAFT WRIST BONE	DISP FX OF PROX 3RD OF NAVIC BONE OF L WRS, 7THK	Facility	Approved	1		0		0
REPAIR/GRAFT WRIST BONE	NONDISP FX OF MIDDLE THIRD OF NAVIC BONE OF R WRIST, INIT	Facility	Approved	1		0		0
REPATHA	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	Internal Medicine		0		0	Denied	1
REPATHA	Essential (primary) hypertension	Dermatology		0		0	Approved	1
REPATHA	FAMILIAL HYPERCHOLESTEROLEMIA	Family Medicine		0		0	Denied	1
REPATHA	Familial hypercholesterolemia	Pain Management		0		0	Approved	1
REPATHA	HYPERLIPIDEMIA, UNSPECIFIED	Emergency Medicine		0		0	Denied	1
REPATHA	HYPERLIPIDEMIA, UNSPECIFIED	Obstetrics/Gynecology		0		0	Approved	1
REPATHA	Hyperlipidemia, unspecified	Pain Management		0		0	Approved	1
REPATHA	HYPERLIPIDEMIA, UNSPECIFIED	Pediatric Neurology		0		0	Denied	1
REPATHA	HYPERLIPIDEMIA, UNSPECIFIED	Physician		0		0	Denied	2
REPATHA	HYPOTHYROIDISM, UNSPECIFIED	Internal Medicine		0		0	Approved	1
REPATHA	MIXED HYPERLIPIDEMIA	Dermatology		0		0	Approved	1
REPATHA	MIXED HYPERLIPIDEMIA	Other		0		0	Denied	1
REPATHA	Mixed hyperlipidemia	Surgery, Orthopedic		0		0	Approved	1
REPATHA	MIXED HYPERLIPIDEMIA	Urology		0		0	Approved	1
REPATHA	OTHER HYPERLIPIDEMIA	Dermatology		0		0	Approved	1
REPATHA	PURE HYPERCHOLESTEROLEMIA	Dermatology		0		0	Approved	1
REPATHA	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Dermatology		0		0	Approved	1
REPATHA 140 MG/ML SURECLICK		Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK		Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK		Family Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS	Internal Medicine	Approved	1		0		0

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REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiology, Interventional	Approved	3		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	30		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	6	Services are not medically necessary	6		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Endocrinology And Metabolism	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Internal Medicine	Approved	10		0		0
REPATHA 140 MG/ML SURECLICK	CHEST PAIN, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	CORONARY ANGIOPLASTY STATUS	General Practice	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Approved	6		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Approved	3		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Family Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Psychiatry	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	32		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	10	Services are not medically necessary	10		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Approved	4		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Denied	8	Services are not medically necessary	8		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Infectious Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Approved	6		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0

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REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Nurse Practitioner	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Physician	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Physician Assistant	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	HYPOTHYROIDISM, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	MIXED DISORDER OF ACID-BASE BALANCE	Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Cardiology, Interventional	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Cardiology, Interventional	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Approved	18		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	8	Services are not medically necessary	8		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism	Approved	3		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	8		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Internal Medicine	Denied	5	Services are not medically necessary	5		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Nurse Practitioner	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Physician	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Physician Assistant	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Radiology	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	OTHER HYPERLIPIDEMIA	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	OTHER HYPERLIPIDEMIA	Cardiovascular Disease	Approved	3		0		0
REPATHA 140 MG/ML SURECLICK	OTHER HYPERLIPIDEMIA	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SURECLICK	OTHER HYPERLIPIDEMIA	Internal Medicine	Approved	3		0		0
REPATHA 140 MG/ML SURECLICK	OTHER HYPERLIPIDEMIA	Internal Medicine	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SURECLICK	OTHER SPECIFIED HEALTH STATUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Approved	6		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA	Family Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA	Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA	Psychiatry	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0

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REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Approved	3		0		0
REPATHA 140 MG/ML SURECLICK	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SURECLICK	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE		Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SYRINGE		Endocrinology And Metabolism	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE		Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SYRINGE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Endocrinology And Metabolism	Approved	2		0		0
REPATHA 140 MG/ML SYRINGE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Oncology	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	FAMILIAL HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SYRINGE	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE		Cardiology, Interventional	Approved	2		0		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	4		0		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Physician	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Approved	4		0		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	4	Services are not medically necessary	4		0
REPATHA 140 MG/ML SYRINGE		Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	3	Services are not medically necessary	3		0
REPATHA 140 MG/ML SYRINGE		Family Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	General Practice	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Physician	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Physician	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Physician Assistant	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE		Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	OTHER HYPERLIPIDEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE		Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	3		0		0
REPATHA 140 MG/ML SYRINGE	PURE HYPERGLYCERIDEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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REPATHA 420 MG/3.5ML PUSHTRONX	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 420 MG/3.5ML PUSHTRONX	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiology, Interventional	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	5		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 420 MG/3.5ML PUSHTRONX	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	FAMILIAL HYPERCHOLESTEROLEMIA	Family Medicine	Approved	3		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	6		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Nephrology	Denied	1	Services are not medically necessary	1		0
REPATHA 420 MG/3.5ML PUSHTRONX	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 420 MG/3.5ML PUSHTRONX	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	2		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	OTHER LIPOPROTEIN METABOLISM DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 420 MG/3.5ML PUSHTRONX	PURE HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
REPEAT THYROID SURGERY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Facility	Approved	1		0		0
REPEAT THYROID SURGERY	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	2		0		0
REPEAT THYROID SURGERY	NONTOXIC GOITER, UNSPECIFIED	Facility	Approved	1		0		0
REPEAT THYROID SURGERY	NONTOXIC SINGLE THYROID NODULE	Facility	Approved	1		0		0
REPEAT THYROID SURGERY	THYROTICOSIS W TOXIC MULTINOD GOITER W/O THYROTOXIC CRISIS	Facility	Approved	1		0		0
REPL EXHALATION PORT FOR PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REPL NASAL PILLOW COMB MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REPL NASAL PILLOW COMB MASK	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
REPL ORAL CUSHION COMBO MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REPL WATER CHAMBER, PAP DEV	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	8		0		0
REPLACE AORTIC VALVE OPEN	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Other	Approved	1		0		0
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	4		0		0
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Denied	1	Services are not medically necessary	1		0
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Other	Approved	1		0		0
REPLACE AORTIC VALVE PERQ	OTHER FORMS OF DYSPNEA	Facility	Approved	1		0		0
REPLACE SKULL PLATE/FLAP	ALTERED MENTAL STATUS, UNSPECIFIED	Facility	Approved	1		0		0
REPLACE SOCKET ABOVE KNEE	COMPLETE TRAUMATIC AMP AT LEVEL BETW R HIP AND KNEE, INIT	Ancillary	Approved	1		0		0
REPLACE SOCKET ABOVE KNEE; TEST SOCKET ABOVE KNEE; AK/KNEE DISARTIC ACRYLIC SOC; ISCH CONTAINMT/NA	S78.111A - Complete traumatic amputation at level between right hip and knee, initial encounter	Durable Medical Equipment	Approved	1		0		0
REPLACE SOCKET BELOW KNEE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	2		0		0
REPLACE SOCKET BELOW KNEE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0

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REPLACE SOCKET BELOW KNEE	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
REPLACE TUNNELED CV CATH	END STAGE RENAL DISEASE	Facility	Approved	3		0		0
REPLACE URETER BY BOWEL	INFECTED HYDROCELE	Emergency Medicine	Approved	1		0		0
REPLACE/IRRIGATE CATHETER	VOMITING, UNSPECIFIED	Facility	Approved	1		0		0
REPLACE/REVISE BRAIN SHUNT	BREAKDOWN OF VENTRICULAR INTRACRANIAL SHUNT, INIT	Facility	Approved	1		0		0
REPLACE/REVISE BRAIN SHUNT	HYDROCEPHALUS, UNSPECIFIED	Facility	Approved	1		0		0
REPLACE/REVISE BRAIN SHUNT	HYDROCEPHALUS, UNSPECIFIED	Other	Approved	1		0		0
REPLACE/REVISE BRAIN SHUNT	VOMITING, UNSPECIFIED	Facility	Approved	1		0		0
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Other	Approved	1		0		0
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	2		0		0
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Other	Approved	3		0		0
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Other	Approved	1		0		0
REPLACEMENT AORTIC VALVE OPN	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	Facility	Approved	1		0		0
REPLACEMENT BREASTPUMP TUBE	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
REPLACEMENT FACEMASK INTERFA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	8		0		0
REPLACEMENT NASAL CUSHION	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
REPLACEMENT NASAL CUSHION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
REPLACEMENT NASAL CUSHION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	17		0		0
REPLACEMENT NASAL CUSHION	PUCKERING OF MACULA, RIGHT EYE	Ancillary	Approved	1		0		0
REPLACEMENT NASAL CUSHION	PULMONARY HYPERTENSION, UNSPECIFIED	Ancillary	Approved	1		0		0
REPLACEMENT NASAL CUSHION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
REPLACEMENT NASAL PILLOWS	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Ancillary	Approved	1		0		0
REPLACEMENT NASAL PILLOWS	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), RIGHT HAND	Ancillary	Approved	1		0		0
REPLACEMENT NASAL PILLOWS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	11		0		0
REPLACEMENT NASAL PILLOWS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	1		0		0
REPLACEMENT OF AORTIC VALVE	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	Other	Approved	1		0		0
REPLACEMENT OF AORTIC VALVE	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0
REPLACEMENT OF AORTIC VALVE, OPEN, W/BYPASS; ANCILLARY ANESTHESIOLOGIST; INITIAL HOSPITAL CARE	I35.0 - Nonrheumatic aortic (valve) stenosis	Cardiac Surgery	Approved	1		0		0
REPLACEMENT OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Ancillary	Approved	1		0		0
REPLACEMENT OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Facility	Approved	1		0		0
REPLACEMENT OF MITRAL VALVE	NONRHEUMATIC MITRAL VALVE DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
REPLACEMENT OF MITRAL VALVE	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	Other	Approved	1		0		0
REPLACEMENT PULMONARY VALVE	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	Other	Approved	1		0		0
REPLCMNT BREAST PUMP BOTTLE	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
REPOSITION VENOUS CATHETER	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
REPOSITION VENOUS CATHETER; FLUOROSCOPIC GUID CENTRAL VENOUS ACC	C80.1 - Malignant (primary) neoplasm, unspecified	Hematology/Oncology	Approved	1		0		0
REREPAIR ING HERNIA REDUCE	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	1		0		0
REREPAIR ING HERNIA REDUCE	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Ancillary	Approved	1		0		0
REREPAIR VENTRL HERN REDUCE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0

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RESECT DIAPHRAGM SIMPLE	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Facility	Approved	1		0		0
RESECT HEART SAC LESION	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF HEART	Facility	Approved	1		0		0
RESECT INFERIOR TURBINATE	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
RESECT INFERIOR TURBINATE	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
RESECT INFERIOR TURBINATE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	1		0		0
RESECT INFERIOR TURBINATE	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
RESECT INFERIOR TURBINATE	HYPERTROPHY OF NASAL TURBINATES	Facility	Approved	1		0		0
RESECT INFERIOR TURBINATE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
RESECT INFERIOR TURBINATE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	2		0		0
RESECT MEDIASTINAL TUMOR	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	Other	Approved	1		0		0
RESECT OVARIAN MALIGNANCY	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	Other	Approved	1		0		0
RESECT OVARIAN MALIGNANCY	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
RESECT OVARIAN MALIGNANCY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
RESECT OVARIAN MALIGNANCY	NONINFLAMMATORY DISORD OF OVARY, FALLOP & BROAD LIGMT, UNSP	Facility	Approved	1		0		0
RESECT OVARIAN MALIGNANCY	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
RESECT RECURRENT GYN MAL	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
RESECT/EXCISE CRANIAL LESION	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	Other	Approved	1		0		0
RESECT/EXCISE LESION SKULL	BENIGN NEOPLASM OF CRANIAL NERVES	Facility	Approved	1		0		0
Resection or transplantation of long tendon of biceps	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Resection or transplantation of long tendon of biceps	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Resection or transplantation of long tendon of biceps	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Resection or transplantation of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Resection or transplantation of long tendon of biceps	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Resection or transplantation of long tendon of biceps	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Residential Eating Disorders Treatment	ANOREXIA NERVOSA, RESTRICTING TYPE	Behavioral Health Facility		0		0	Denied	1
Residential Eating Disorders Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Denied	1
Residential Mental Health Treatment	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Behavioral Health Facility		0		0	Denied	1
Residential Mental Health Treatment	DISRUPTIVE MOOD DYSREGULATION DISORDER	Behavioral Health Facility		0		0	Approved	1
Residential Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Approved	1
Residential Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Facility		0		0	Denied	3
Residential Substance Use Disorders Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Approved	1
Residential Substance Use Disorders Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	3
Residential Substance Use Disorders Treatment	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	2
RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Family Medicine	Approved	1		0		0
RESPIRATOR MOTION MGMT SIMUL	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0

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RESPIRATOR MOTION MGMT SIMUL	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
RESPIRE CARE, IN THE HOME, P	ARNOLD-CHIARI SYNDROME WITH SPINA BIFIDA AND HYDROCEPHALUS	Ancillary	Approved	2		0		0
RESPIRE CARE, IN THE HOME, P	CRANIOSYNOSTOSIS	Ancillary	Approved	2		0		0
RESPIRE CARE, IN THE HOME, P	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Speech Therapy	Approved	1		0		0
RESPIRE CARE, IN THE HOME, P	GASTROSTOMY STATUS	Ancillary	Approved	1		0		0
RESPIRE CARE, IN THE HOME, P	GASTROSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
RESPIRE CARE, IN THE HOME, P	TRACHEOSTOMY STATUS	Ancillary	Approved	1		0		0
RESTORIL 15 MG CAPSULE	INSOMNIA DUE TO MEDICAL CONDITION	Pain Management	Denied	1	Services are not medically necessary	1		0
RESUSCITATION BAG	CONGENITAL HYPOTONIA	Ancillary	Approved	1		0		0
RETIN-A 0.025% CREAM	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
RETIN-A 0.025% CREAM	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
RETIN-A 0.05% CREAM	ACNE VULGARIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
RETIN-A 0.05% CREAM	OTHER ACNE	Family Medicine	Approved	1		0		0
RETIN-A MICRO 0.1% GEL		Physician Assistant	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO 0.1% GEL	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.06% GEL	ACNE VULGARIS	Dermatology	Approved	1		0		0
RETIN-A MICRO PUMP 0.06% GEL	ACNE VULGARIS	Dermatology	Denied	15	Services are not medically necessary	15		0
RETIN-A MICRO PUMP 0.06% GEL	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.06% GEL	ACNE VULGARIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
RETIN-A MICRO PUMP 0.06% GEL	CHLOASMA	Dermatology	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.08% GEL		Dermatology	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.08% GEL	ACNE VULGARIS	Dermatology	Denied	6	Services are not medically necessary	6		0
RETIN-A MICRO PUMP 0.08% GEL	ACNE VULGARIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.08% GEL	ACNE VULGARIS	Physician	Approved	1		0		0
RETIN-A MICRO PUMP 0.08% GEL	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.08% GEL	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.08% GEL	ACTINIC KERATOSIS	Dermatology	Denied	1	Services are not medically necessary	1		0
REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIOPLASTY	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Psychiatry		0		0	Approved	1
REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	Pediatric Endocrinology		0		0	Approved	1
REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Type 2 diabetes mellitus with diabetic dermatitis	Pain Management		0		0	Denied	1
REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Peripheral vascular disease, unspecified	Internal Medicine		0		0	Approved	1
REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Pain Management		0		0	Approved	1
REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Pulmonary Disease		0		0	Approved	1

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REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Peripheral vascular disease, unspecified	Allergy/Immunology		0		0	Approved	1
REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Peripheral vascular disease, unspecified	Oncology		0		0	Approved	1
REVATIO 10 MG/ML ORAL SUSP	PAROXYSMAL ATRIAL FIBRILLATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
REVATIO 10 MG/ML ORAL SUSP	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
REVATIO 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
REVISE AQUEOUS SHUNT EYE	GLAUCOMA SECONDARY TO EYE INFLAM, RIGHT EYE, SEVERE STAGE	AMBULATORY SURGERY CENTER	Approved	1		0		0
REVISE AQUEOUS SHUNT EYE	OTHER SPECIFIED POSTPROCEDURAL STATES	AMBULATORY SURGERY CENTER	Approved	1		0		0
REVISE ARM/LEG NERVE	LESION OF LATERAL POPLITEAL NERVE, LEFT LOWER LIMB	Facility	Approved	1		0		0
REVISE ARM/LEG NERVE	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	Facility	Approved	1		0		0
REVISE ARM/LEG NERVE	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	1		0		0
REVISE ARM/LEG NERVE	OTHER SPECIFIED MONONEUROPATHIES	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ABNORMAL RESULTS OF FUNCTION STUDIES OF ORGANS AND SYSTEMS	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	3		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	10		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Family Medicine	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Other	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Facility	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF STOMACH [PART OF]	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Facility	Approved	5		0		0
REVISE BREAST RECONSTRUCTION	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	CHRONIC FRONTAL SINUSITIS	Facility	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	DEFORMITY OF RECONSTRUCTED BREAST	Facility	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	DISORDER OF BREAST, UNSPECIFIED	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	Ancillary	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Ancillary	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ENDOMETRIOSIS OF OVARY	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0

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REVISE BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Ancillary	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF OVRLP SITES OF UNSP FEMALE BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	10		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	5		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	4		0		0
REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	5		0		0
REVISE BREAST RECONSTRUCTION	MASTODYNIA	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	NON-PRS CHR ULC SKIN/ OTH SITE WITH MSL INVL W/O EVD OF NECR	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	Ancillary	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	OTHER SPECIFIED POSTPROCEDURAL STATES	Family Medicine	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	PATHOLOGICAL FRACTURE IN NEOPLASTIC DISEASE, OTH SITE, INIT	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	6		0		0
REVISE BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Anesthesiology	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	28		0		0
REVISE BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	POSTMENOPAUSAL BLEEDING	Ancillary	Approved	1		0		0

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REVISE BREAST RECONSTRUCTION	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL ENCOUNTER	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION; REVISE BREAST RECONSTRUCTION; BREAST RECONSTRUCTION; BREAST RECONSTR	C50.912 - Malignant neoplasm of unspecified site of left female breast; Z90.13 - Acquired absence of bilateral breasts and nipples	Plastic Surgery	Approved	1		0		0
REVISE BREAST RECONSTRUCTION; REVISE BREAST RECONSTRUCTION; REMOVAL OF TISSUE FOR GRAFT; ANCILLARY	C50.912 - Malignant neoplasm of unspecified site of left female breast; Z90.13 - Acquired absence of bilateral breasts and nipples	Plastic Surgery	Approved	1		0		0
REVISE EXTERNAL EAR	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	Radiology	Approved	1		0		0
REVISE EYE MUSCLE	INTERMITTENT ALTERNATING EXOTROPIA	Ancillary	Approved	2		0		0
REVISE EYE MUSCLE	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
REVISE EYE MUSCLE	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
REVISE EYE MUSCLE	PERIORBITAL CELLULITIS	Ancillary	Approved	1		0		0
REVISE EYE MUSCLE	SNORING	Ancillary	Approved	1		0		0
REVISE EYE MUSCLE	UNSPECIFIED ESOTROPIA	Ancillary	Approved	3		0		0
REVISE EYE MUSCLE	UNSPECIFIED EXOTROPIA	Ancillary	Approved	2		0		0
REVISE EYE MUSCLE; REVISE EYE MUSCLE	H50.21 - Vertical strabismus, right eye; H50.22 - Vertical strabismus, left eye; H50.34 - Intermittent alternating exotropia	Ophthalmology	Approved	1		0		0
REVISE EYELID DEFECT	ACQUIRED STENOSIS OF BILATERAL NASOLACRIMAL DUCT	Ancillary	Approved	1		0		0
REVISE EYELID DEFECT	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
REVISE EYELID DEFECT	BELL'S PALSY	Facility	Approved	1		0		0
REVISE EYELID DEFECT	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
REVISE EYELID DEFECT	CHEST PAIN, UNSPECIFIED	Ophthalmology	Approved	1		0		0
REVISE EYELID DEFECT	EYELID RETRACTION RIGHT LOWER EYELID	Ancillary	Approved	1		0		0
REVISE EYELID DEFECT	EYELID RETRACTION RIGHT UPPER EYELID	Ancillary	Approved	1		0		0
REVISE EYELID DEFECT	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
REVISE EYELID DEFECT	OTHER BENIGN NEOPLASM SKIN/ RIGHT UPPER EYELID, INC CANTHUS	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISE EYELID DEFECT	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS	Ancillary	Approved	2		0		0
REVISE EYELID DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
REVISE FINGER JOINT	DISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Ancillary	Approved	1		0		0
REVISE HIP JOINT REPLACEMENT	PERIPROSTH FRACTURE AROUND INTERNAL PROSTH L HIP JT, INIT	Facility	Approved	1		0		0
REVISE HIP JOINT REPLACEMENT	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
REVISE LEG VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Facility	Approved	1		0		0
REVISE MIDDLE EAR & MASTOID	CENTRAL PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	HOSPITAL	Approved	2		0		0
REVISE MIDDLE EAR & MASTOID	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, RIGHT EAR	Facility	Approved	1		0		0
REVISE MIDDLE EAR & MASTOID	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, LEFT EAR	HOSPITAL	Approved	2		0		0
REVISE MIDDLE EAR & MASTOID; EAR CARTILAGE GRAFT; ANCILLARY ANESTHESIOLOGIST	H60.41 - Cholesteatoma of right external ear; H60.42 - Cholesteatoma of left external ear; H72.91 - Unspecified perforation of tympanic membrane, right ear; H72.92 - Unspecified perforation of tympanic membrane, left ear; H90.0 - Conductive hearing los	Otolaryngology	Approved	1		0		0
REVISE SPERMATIC CORD VEINS	SCROTAL VARICES	Ancillary	Approved	2		0		0
REVISE SPINE ELTRD PERQ ARAY	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0

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REVISE SPINE ELTRD PERQ ARAY	CHRONIC PAIN SYNDROME	HOSPITAL	Approved	1		0		0
REVISE SPINE ELTRD PERQ ARAY	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF NEUROSTIMULATOR	HOSPITAL	Approved	1		0		0
REVISE SPINE ELTRD PERQ ARAY	MECH COMPL OF IMPLNT ELEC NSTIM OF SPINAL CORD LEAD, INIT	HOSPITAL	Approved	1		0		0
REVISE SPINE ELTRD PLATE	RIGHT UPPER QUADRANT PAIN	Facility	Approved	1		0		0
REVISE STOMACH-BOWEL FUSION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Facility	Denied	1	Services are not medically necessary	1		0
REVISE STOMACH-BOWEL FUSION	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Approved	1		0		0
REVISE STOMACH-BOWEL FUSION	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	Facility	Approved	1		0		0
REVISE TWO EYE MUSCLES	UNSPECIFIED EXOTROPIA	Ancillary	Approved	3		0		0
REVISE ULNAR NERVE AT ELBOW	G56.21 - Lesion of ulnar nerve, right upper limb	Orthopedic Surgery	Approved	1		0		0
REVISE ULNAR NERVE AT ELBOW	LESION OF ULNAR NERVE, LEFT UPPER LIMB	Ancillary	Approved	3		0		0
REVISE ULNAR NERVE AT ELBOW	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Ancillary	Approved	5		0		0
REVISE ULNAR NERVE AT ELBOW	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Facility	Approved	1		0		0
REVISE ULNAR NERVE AT ELBOW	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
REVISE ULNAR NERVE AT ELBOW	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
REVISE/REMOVE NEURORECEIVER	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
REVISE/REMOVE NEURORECEIVER	RIGHT UPPER QUADRANT PAIN	Facility	Approved	1		0		0
REVISE/REMOVE SLING REPAIR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
REVISION OF ANKLE JOINT	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	Facility	Approved	1		0		0
REVISION OF CALF TENDON	SPASTIC DIPLEGIC CEREBRAL PALSY	Facility	Denied	1	Services are not medically necessary	1		0
REVISION OF CERVIX	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Facility	Denied	1	Services are not medically necessary	1		0
REVISION OF CERVIX	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	1		0		0
REVISION OF CERVIX	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Facility	Approved	1		0		0
REVISION OF CERVIX	INCOMPETENCE OF CERVIX UTERI	Facility	Approved	1		0		0
REVISION OF CERVIX	INCOMPETENCE OF CERVIX UTERI	Other	Approved	1		0		0
REVISION OF CERVIX	MATERNAL CARE FOR CERVICAL INCOMPETENCE, FIRST TRIMESTER	Ancillary	Approved	2		0		0
REVISION OF CERVIX	MATERNAL CARE FOR CERVICAL INCOMPETENCE, FIRST TRIMESTER	Facility	Approved	2		0		0
REVISION OF CERVIX	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER	Ancillary	Approved	1		0		0
REVISION OF COLOSTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Other	Approved	1		0		0
REVISION OF EYELID	BASAL CELL CARCINOMA SKIN/ RIGHT LOWER EYELID, INC CANTHUS	Ancillary	Approved	2		0		0
REVISION OF EYELID	BROW PTOSIS, BILATERAL	Ancillary	Approved	1		0		0
REVISION OF EYELID	H02.103 - Unspecified ectropion of right eye, unspecified eyelid	Plastic Surgery	Approved	1		0		0
REVISION OF EYELID	UNSPECIFIED ECTROPION OF RIGHT EYE, UNSPECIFIED EYELID	Facility	Approved	1		0		0
REVISION OF FOOT	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	Facility	Approved	1		0		0
REVISION OF FOOT TENDON	OTH CONGEN MALFORM OF LOWER LIMB(S), INCLUDING PELVIC GIRDLE	Ancillary	Approved	1		0		0
REVISION OF HEART CHAMBER	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	Physician Assistant	Approved	1		0		0
REVISION OF HEART VEINS	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION	Facility	Approved	1		0		0
REVISION OF ILEOSTOMY	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
REVISION OF ILEOSTOMY	OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE	Other	Approved	1		0		0
REVISION OF ILEOSTOMY; INITIAL HOSPITAL CARE	C20 - Malignant neoplasm of rectum	General Surgery	Approved	1		0		0

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REVISION OF KIDNEY/URETER	UNSPECIFIED HYDRONEPHROSIS	Facility	Approved	1		0		0
REVISION OF KNEE JOINT	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
REVISION OF KNEE JOINT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Facility	Approved	1		0		0
REVISION OF KNEE JOINT	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
REVISION OF NOSE	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	1		0		0
REVISION OF NOSE	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Surgery, General	Approved	1		0		0
REVISION OF NOSE	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	1		0		0
REVISION OF RECONSTRUCTED BREAST	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Multi-Specialty Group		0		0	Denied	1
REVISION OF RECONSTRUCTED BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1
REVISION OF RECONSTRUCTED BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Physical Medicine		0		0	Approved	1
REVISION OF RECONSTRUCTED BREAST	Personal history of malignant neoplasm of breast	Physician		0		0	Approved	1
REVISION OF SCROTUM	HIDDEN PENIS	Facility	Approved	1		0		0
REVISION OF SCROTUM	HYPOSPADIAS, PENOSCROTAL	Facility	Approved	1		0		0
REVISION OF SCROTUM	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Facility	Approved	1		0		0
REVISION OF TESTIS	DISORDER OF MALE GENITAL ORGANS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	OTH MECH COMP INTRL LT HIP PROSTHESIS INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	INF & INFLAM REACT INTRL LT HIP PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	OTH MECH COMP INTRL LT HIP PROSTHESIS INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	OTH MECH COMP INTRL RT HIP PROSTHESIS INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	OTH MECH COMP OTH INTERNAL JOINT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; femoral component only, with or without allograft	OTH MECH COMP INTRL LT HIP PROSTHESIS INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	BREAKDOWN OTH INTRL ORTHO DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	BROKEN INTERNAL LEFT KNEE PROSTHESIS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	BROKEN INTRL JOINT PROSTH OTH SITE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	BROKEN INTRL JOINT PROSTH OTH SITE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	FIBROS INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	INF & INFLAM REACT INTRL LT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	INF & INFLAM REACT UNS INTRL JNT PROSTH SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	INSTABILITY INTERNAL LT KNEE PROSTH INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	INSTABILITY INTERNAL RT KNEE PROSTH INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0

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Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	MECH LOOSENING INTRL LT KNEE PROSTH JNT SUB ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	MECH LOOSENING INTRL RT KNEE PROSTH JNT INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	MECH LOOSENING OTH INTRL PROSTH JNT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	MECH LOOSENING UNS INTRL PROSTH JNT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OBESITY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH COMP INTRL ORTH PROS DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP INTERNAL LT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP INTERNAL RT KNEE PROSTH INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP INTERNAL RT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP INTERNAL RT KNEE PROSTH SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT INT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP UNS INTERNAL JOINT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total knee arthroplasty, with or without allograft; one component	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	OTH MECH COMP INTERNAL LT KNEE PROSTH SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	OTH MECH COMP INTERNAL RT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Revision of total knee arthroplasty, with or without allograft; one component	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
REVISION OF ULNA	OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST	Ancillary	Approved	1		0		0
REVISION OF ULNA	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
REVISION OF UPPER EYELID	BLEPHAROCALASIS RIGHT UPPER EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISION OF UPPER EYELID	BROW PTOSIS, UNSPECIFIED	Ophthalmology	Approved	1		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF LEFT UPPER EYELID	Ancillary	Approved	1		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF LEFT UPPER EYELID	Ophthalmology	Approved	2		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF LEFT UPPER EYELID	Ophthalmology	Denied	1	Services are not medically necessary	1		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Approved	3		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Denied	2	Services are not medically necessary	2		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	Facility	Approved	1		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ophthalmology	Approved	1		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ophthalmology	Denied	1	Services are not medically necessary	1		0

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REVISION OF UPPER EYELID	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	Ancillary	Denied	2	Services are not medically necessary	2		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	Facility	Approved	1		0		0
REVISION OF UPPER EYELID	MYOGENIC PTOSIS OF RIGHT EYELID	Ancillary	Approved	1		0		0
REVISION OF UPPER EYELID	MYOGENIC PTOSIS OF RIGHT EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISION OF UPPER EYELID	RETAINED FOREIGN BODY IN RIGHT EYE, UNSPECIFIED EYELID	Facility	Denied	1	Services are not medically necessary	1		0
REVISION OF UPPER EYELID	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISION OF UPPER EYELID	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Facility	Approved	1		0		0
REVISION OF UPPER EYELID	UNSPECIFIED PTOSIS OF RIGHT EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISION OF UPPER EYELID	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	Facility	Denied	1	Services are not medically necessary	1		0
REVISION SUBVALVULAR TISSUE	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Other	Approved	1		0		0
REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Allergy/Immunology		0		0	Denied	1
REVLIMID 10 MG CAPSULE	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Oncology	Approved	1		0		0
REVLIMID 10 MG CAPSULE	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	Oncology	Approved	1		0		0
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA	Hematology	Approved	1		0		0
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA	Internal Medicine	Approved	2		0		0
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	4		0		0
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	4		0		0
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Physician	Approved	1		0		0
REVLIMID 10 MG CAPSULE	MYELODYSPLASTIC SYNDROME W ISOLATED DEL(5Q) CHROMSOML ABNLT	Hematology	Approved	1		0		0
REVLIMID 10 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Hematology	Approved	1		0		0
REVLIMID 15 MG CAPSULE		Hematology	Approved	1		0		0
REVLIMID 15 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
REVLIMID 2.5 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
REVLIMID 20 MG CAPSULE	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
REVLIMID 25 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	2		0		0
REVLIMID 25 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	6		0		0
REVLIMID 5 MG CAPSULE		Hematology	Approved	1		0		0
REVLIMID 5 MG CAPSULE		Oncology	Approved	1		0		0
REVLIMID 5 MG CAPSULE	MULTIPLE MYELOMA	Oncology	Approved	1		0		0
REVC OPN/PRQ TIB/PERO STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REXULTI	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Other		0		0	Approved	1
REXULTI 0.25 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychiatry	Approved	1		0		0
REXULTI 0.5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Approved	1		0		0

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REXULTI 0.5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Approved	1		0		0
REXULTI 0.5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
REXULTI 0.5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
REXULTI 0.5 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
REXULTI 0.5 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
REXULTI 0.5 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 0.5 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry, Child & Adolescent	Approved	1		0		0
REXULTI 1 MG TABLET		Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Denied	2	Services are not medically necessary	2		0
REXULTI 1 MG TABLET	BIPOLAR DISORD, CRNT EPSD DEPRESS, MILD OR MOD SEVERT, UNSP	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	GENERALIZED ANXIETY DISORDER	Internal Medicine	Approved	1		0		0
REXULTI 1 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Physician	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	2		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	5	Services are not medically necessary	5		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Approved	2		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	4		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	OTHER DEPRESSIVE EPISODES	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	OTHER RECURRENT DEPRESSIVE DISORDERS	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Approved	1		0		0

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REXULTI 1 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
REXULTI 2 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MODERATE	Family Medicine	Approved	1		0		0
REXULTI 2 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
REXULTI 2 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Approved	1		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	2		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	2		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 2 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Behavioral Nurse	Approved	1		0		0
REXULTI 3 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
REXULTI 4 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
REYATAZ 200 MG CAPSULE	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Denied	1	Services are not medically necessary	1		0
REYATAZ 300 MG CAPSULE	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	2		0		0
REYATAZ 300 MG CAPSULE	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Denied	2	Services are not medically necessary	2		0
RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Acquired deformity of nose	Obstetrics/Gynecology		0		0	Denied	1
RHOFADE 1% CREAM	OTHER ROSACEA	Dermatology	Denied	2	Services are not medically necessary	2		0
RHOFADE 1% CREAM	OTHER SPECIFIED EPIDERMAL THICKENING	Dermatology	Denied	1	Services are not medically necessary	1		0
RHOFADE 1% CREAM	ROSACEA, UNSPECIFIED	Dermatology	Denied	5	Services are not medically necessary	5		0
RHOGAM ULTRA-FILTERED PLUS SYR	UNSPECIFIED BLOOD TYPE, RH NEGATIVE	Obstetrics/Gynecology	Approved	1		0		0
RHOGAM ULTRA-FILTERED PLUS SYR	UNSPECIFIED BLOOD TYPE, RH NEGATIVE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
RIB CARTILAGE GRAFT	DEVIATED NASAL SEPTUM	Facility	Denied	1	Services are not medically necessary	1		0
RIB CARTILAGE GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	3		0		0
RIB CARTILAGE GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Other	Denied	1	Services are not medically necessary	1		0
RIBAVIRIN 200 MG TABLET	RESPIRATORY SYNCYTIAL VIRUS CAUSING DISEASES CLASSD ELSWHR	Oncology	Approved	1		0		0
RIBAVIRIN 200 MG TABLET	RESPIRATORY SYNCYTIAL VIRUS PNEUMONIA	Oncology	Approved	1		0		0
RIBOFLAVIN 5'PHOS OPTH<=3ML	CORNEAL ECTASIA, RIGHT EYE	Ophthalmology	Approved	1		0		0
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSPECIFIED, RIGHT EYE	Ophthalmology	Approved	3		0		0
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSTABLE, BILATERAL	Ophthalmology	Approved	2		0		0
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSTABLE, LEFT EYE	Ophthalmology	Approved	1		0		0
RIGHT HEART CATH	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Facility	Approved	1		0		0
RIGHT HEART CATH	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Facility	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	ACUTE ON CHRON DIASTOLIC CONGESTIV HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	ACUTE ON CHRON DIASTOLIC CONGESTIV HEART FAILURE	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Right heart catheterization without left heart cath or coronaries	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	AWAITING ORGAN TRANSPLANT STATUS	CARDIOLOGIST	Approved	1		0		0

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Right heart catheterization without left heart cath or coronaries	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	CARDIOLOGIST	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Right heart catheterization without left heart cath or coronaries	Chronic thromboembolic pulmonary hypertension	CARDIOLOGIST	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	COMPRESSION OF VEIN	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
Right heart catheterization without left heart cath or coronaries	COR PULMONALE CHRONIC	GENERAL PRACTICE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	HEART FAILURE UNSPECIFIED	CARDIOLOGIST	Approved	3		0		0
Right heart catheterization without left heart cath or coronaries	HEART FAILURE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Right heart catheterization without left heart cath or coronaries	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
Right heart catheterization without left heart cath or coronaries	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Right heart catheterization without left heart cath or coronaries	HYPERLIPIDEMIA UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	OTHER SPECIFIED HYPOTHYROIDISM	INTERNAL MEDICINE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	PRIMARY PULMONARY HYPERTENSION	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	PRIMARY PULMONARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	Pulmonary hypertension, unspecified	CARDIOLOGIST	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	Pulmonary hypertension, unspecified	CARDIOVASCULAR DISEASE	Approved	4		0		0
Right heart catheterization without left heart cath or coronaries	Secondary pulmonary arterial hypertension	CARDIOLOGIST	Approved	1		0		0
RINVOQ ER	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	Pediatrics		0		0	Approved	1
RINVOQ ER 15 MG TABLET		Rheumatology	Approved	2		0		0
RINVOQ ER 15 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
RINVOQ ER 15 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Physician	Denied	1	Services are not medically necessary	1		0
RINVOQ ER 15 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	4		0		0
RINVOQ ER 15 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
RINVOQ ER 15 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
RINVOQ ER 15 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
RITALIN 10 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
RITALIN 10 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Neurology	Approved	1		0		0
RITALIN 10 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
RITALIN 20 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
RITALIN LA 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
RITONAVIR 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Nurse Practitioner Primary Care	Approved	1		0		0
RITONAVIR 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	7		0		0
RITONAVIR 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0

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RITUXAN	RHEUMATOID ARTHRITIS, UNSPECIFIED	Endocrinology And Metabolism		0		0	Approved	1
RITUXAN 500 MG/50 ML VIAL	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
RITUXIMAB INJECTION	MULTIPLE SCLEROSIS	Internal Medicine	Approved	1		0		0
RITUXIMAB INJECTION	NEUROMYELITIS OPTICA [DEVIC]	Family Medicine	Approved	1		0		0
RITUXIMAB INJECTION	NEUROMYELITIS OPTICA [DEVIC]	Neurology	Approved	1		0		0
RITUXIMAB INJECTION	NEUROMYELITIS OPTICA [DEVIC]	Neurology	Denied	1	Services are not medically necessary	1		0
RITUXIMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
RITUXIMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
RITUXIMAB INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
RITUXIMAB INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
RIZATRIPTAN 10 MG ODT	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
RIZATRIPTAN 10 MG ODT	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
RIZATRIPTAN 10 MG TABLET	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
RIZATRIPTAN 5 MG ODT	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
RIZATRIPTAN 5 MG ODT	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
RMVL & RPLCMT DFB GEN 2 LEAD	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
RMVL DEVITAL TIS 20 CM/<	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
RMVL DEVITAL TIS ADDL 20CM/<	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
RMVL ESOPHGL SPHNCTR DEV	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
RMVL ESOPHGL SPHNCTR DEV	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
RMVL IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
RN HOME CARE PER DIEM	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	Ancillary	Approved	1		0		0
RN HOME CARE PER DIEM	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
RN HOME CARE PER DIEM	OTHER INSTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Ancillary	Approved	1		0		0
RN HOME CARE PER DIEM	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Ancillary	Approved	2		0		0
RN HOME CARE PER DIEM	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
ROCKLATAN 0.02%-0.005% EYE DRP	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Optometry	Denied	2	Services are not medically necessary	2		0
ROCKLATAN 0.02%-0.005% EYE DRP	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MILD STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
ROCKLATAN 0.02%-0.005% EYE DRP	UNSPECIFIED OPEN-ANGLE GLAUCOMA, STAGE UNSPECIFIED	Ophthalmology	Denied	1	Services are not medically necessary	1		0
ROMIPLOSTIM INJECTION	ANEMIA IN NEOPLASTIC DISEASE	Facility	Approved	1		0		0
ROMIPLOSTIM INJECTION	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Approved	1		0		0
ROMIPLOSTIM INJECTION	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
ROMIPLOSTIM INJECTION	HEMOLYTIC-UREMIC SYNDROME	Ancillary	Approved	1		0		0
ROMIPLOSTIM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Ancillary	Approved	5		0		0
ROMIPLOSTIM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Facility	Approved	2		0		0
ROMIPLOSTIM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Family Medicine	Approved	1		0		0

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ROMIPLOSTIM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Hematology	Approved	5		0		0
ROMIPLOSTIM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	Oncology	Approved	5		0		0
ROMIPLOSTIM INJECTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
ROMIPLOSTIM INJECTION	OTHER SECONDARY THROMBOCYTOPENIA	Family Medicine	Approved	1		0		0
ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Encounter for full-term uncomplicated delivery	Dermatology		0		0	Denied	1
ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Encounter for full-term uncomplicated delivery	Psychiatry		0		0	Denied	1
ROUTINE VENIPUNCTURE	PRETERM NEWBORN, GESTATIONAL AGE 33 COMPLETED WEEKS	Facility	Approved	1		0		0
ROWASA 4 GM/60 ML ENEMA KIT	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ROZEREM 8 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	1		0		0
ROZEREM 8 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
ROZEREM 8 MG TABLET	INSOMNIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ROZEREM 8 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	2	Services are not medically necessary	2		0
ROZEREM 8 MG TABLET	PRIMARY INSOMNIA	Physician	Approved	1		0		0
ROZEREM 8 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
RP LOCLZJ TUM WHBDY 1 D IMG	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	Ancillary	Approved	1		0		0
RP LOCLZJ TUM WHBDY 1 D IMG	MALIGNANT CARCINOID TUMOR OF THE MIDGUT, UNSPECIFIED	Ancillary	Approved	1		0		0
RPLC GTUBE NO REVJ TRC	MALIGNANT NEOPLASM OF CHEEK MUCOSA	Facility	Approved	1		0		0
RPR EPIGASTRIC HERN BLOCKED	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
RPR EPIGASTRIC HERN REDUCE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	2		0		0
RPR EPIGASTRIC HERN REDUCE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	4		0		0
RPR UMBIL HERN BLOCK > 5 YR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0
RPR UMBIL HERN REDUC < 5 YR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	2		0		0
RPR UMBIL HERN REDUC > 5 YR	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	1		0		0
RPR UMBIL HERN REDUC > 5 YR	UMBILICAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	Ancillary	Approved	1		0		0
RPR UMBIL HERN REDUC > 5 YR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	10		0		0
RPR UMBIL HERN REDUC > 5 YR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	9		0		0
RPR VENTRAL HERN INIT REDUC	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	1		0		0
RPR VENTRAL HERN INIT REDUC	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	2		0		0
RPR VENTRAL HERN INIT REDUC	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	3		0		0
RPR VENTRAL HERN INIT REDUC	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGRENE	Ancillary	Approved	1		0		0
RPR VENTRAL HERN INIT REDUC	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
RPR VENTRAL HERN INIT REDUC	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Ancillary	Approved	1		0		0

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RPR VENTRAL HERN INIT REDUC	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	3		0		0
RSV MAB IM 50MG	ATRIAL SEPTAL DEFECT	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	ATRIAL SEPTAL DEFECT	Ancillary	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	BRONCHOPULMONARY DYSPLASIA ORIGIN IN THE PERINATAL PERIOD	Ancillary	Approved	3		0		0
RSV MAB IM 50MG	BRONCHOPULMONARY DYSPLASIA ORIGIN IN THE PERINATAL PERIOD	Pediatric Infectious Disease	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	DI GEORGE'S SYNDROME	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	DOUBLE OUTLET RIGHT VENTRICLE	Pediatrics	Approved	1		0		0
RSV MAB IM 50MG	EMBOLISM AND THROMBOSIS OF RENAL VEIN	Facility	Approved	1		0		0
RSV MAB IM 50MG	EXTREME IMMATUREITY OF NB, GESTATNL AGE 24 COMPLETED WEEKS	Ancillary	Approved	2		0		0
RSV MAB IM 50MG	EXTREME IMMATUREITY OF NB, GESTATNL AGE 26 COMPLETED WEEKS	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	EXTREME IMMATUREITY OF NB, GESTATNL AGE 26 COMPLETED WEEKS	Ancillary	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	EXTREME IMMATUREITY OF NB, GESTATNL AGE 27 COMPLETED WEEKS	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	EXTREME IMMATUREITY OF NB, GESTATNL AGE 27 COMPLETED WEEKS	Facility	Approved	1		0		0
RSV MAB IM 50MG	EXTREME IMMATUREITY OF NB, GESTATNL AGE 27 COMPLETED WEEKS	Neonatal-Perinatal Medicine	Approved	1		0		0
RSV MAB IM 50MG	EXTREME IMMATUREITY OF NB, GESTATNL AGE 27 COMPLETED WEEKS	Pediatric Infectious Disease	Approved	1		0		0
RSV MAB IM 50MG	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	PHIMOSIS	Ancillary	Approved	2		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	Facility	Approved	1		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	Pediatric Pulmonology	Approved	1		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 31 COMPLETED WEEKS	Ancillary	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 31 COMPLETED WEEKS	Pediatrics	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 33 COMPLETED WEEKS	Pediatrics	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 36 COMPLETED WEEKS	Neonatal-Perinatal Medicine	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Neonatal-Perinatal Medicine	Approved	1		0		0
RSV MAB IM 50MG	UNSP CHRONIC RESP DISEASE ORIGIN IN THE PERINATAL PERIOD	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	UNSPECIFIED BACTERIAL PNEUMONIA	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	VENTRICULAR SEPTAL DEFECT	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	VENTRICULAR SEPTAL DEFECT	Pediatric Pulmonology	Approved	1		0		0
RT & LT HEART CATH W LVG SCA	I27.0 - Primary pulmonary hypertension	Internal Medicine-Cardiovascular Disease	Approved	1		0		0

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RT HEART CATH	I27.20 - Pulmonary hypertension, unspecified	Internal Medicine- Pulmonary Disease	Approved	1		0		0
RT HEART CATH CONGENITAL	EBSTEIN'S ANOMALY	Facility	Approved	1		0		0
RT HEART CATH, CONGENITAL	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
RT HEART CATH, CONGENITAL	COR TRIARIATUM	PEDIATRIC CARDIOLOGY	Approved	1		0		0
RT HEART CATH, CONGENITAL	EBSTEINS ANOMALY	PEDIATRIC CARDIOLOGY	Approved	1		0		0
RT HEART CATH, CONGENITAL	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
RT HEART CATH, CONGENITAL	PULMONARY VALVE ATRESIA	PEDIATRIC CARDIOLOGY	Approved	1		0		0
RYBELSUS 3 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
RYBELSUS 3 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
RYBELSUS 3 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Approved	1		0		0
RYBELSUS 3 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
RYBELSUS 3 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
RYBELSUS 7 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	2		0		0
RYBELSUS 7 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
RYBELSUS 7 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Approved	1		0		0
RYBELSUS 7 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
RYTARY ER 48.75 MG-195 MG CAP	PARKINSON'S DISEASE	Physician Assistant	Approved	1		0		0
RYVENT 6 MG TABLET	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
RYVENT 6 MG TABLET	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
RYVENT 6 MG TABLET	ALLERGIC RHINITIS, UNSPECIFIED	Physician	Approved	1		0		0
RYVENT 6 MG TABLET	ALLERGIC RHINITIS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
RYVENT 6 MG TABLET	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
SABRIL 500 MG POWDER PACKET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
SACRAL NERVE STIM TEST LEAD	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
SACRAL NERVE STIM TEST LEAD	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
SACRAL NERVE STIM TEST LEAD	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
SAIZEN 8.8 MG SAIZENPREP CART	HYPOPITUITARISM	Pediatric Endocrinology	Approved	1		0		0
SALIVARY SURGERY PROCEDURE	SIALOADENITIS, UNSPECIFIED	Facility	Approved	2		0		0
SANCUSO 3.1 MG/24 HR PATCH		Hematology	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	MALIGNANT NEOPLASM OF DESCENDING COLON	Oncology	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	MALIGNANT NEOPLASM OF EXOCERVIX	Oncology	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Oncology	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	MALIGNANT NEOPLASM OF RECTUM	Oncology	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Oncology	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	NAUSEA AND VOMITING	Hematology	Approved	1		0		0
SANDIMMUNE 100 MG CAPSULE	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Pediatric Rheumatology	Approved	1		0		0
SANDIMMUNE 100 MG/ML SOLN	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
SANDOSTATIN 0.5 MG/ML AMPUL	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
SAPHRIS 10 MG TAB SUBLINGUAL	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
SAPHRIS 10 MG TAB SUBLINGUAL	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEVERE W PSYCH FEATURES	Psychiatry	Approved	1		0		0

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SARGRAMOSTIM INJECTION	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
SAXENDA	ABNORMAL WEIGHT GAIN	Endocrinology And Metabolism		0		0	Approved	1
Saxenda	Abnormal weight gain	Physical Medicine		0		0	Approved	1
SAXENDA	HYPOTHYROIDISM, UNSPECIFIED	Dermatology		0		0	Denied	1
SAXENDA	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Multi-Specialty Group		0		0	Denied	1
SAXENDA	OBESITY, UNSPECIFIED	Pediatric Neurology		0		0	Approved	1
SAXENDA 18 MG/3 ML PEN		Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	ABNORMAL WEIGHT GAIN	Endocrinology And Metabolism	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	ABNORMAL WEIGHT GAIN	Endocrinology And Metabolism	Denied	5	Services are not medically necessary	5		0
SAXENDA 18 MG/3 ML PEN	ABNORMAL WEIGHT GAIN	Family Medicine	Approved	6		0		0
SAXENDA 18 MG/3 ML PEN	ABNORMAL WEIGHT GAIN	Family Medicine	Denied	8	Services are not medically necessary	8		0
SAXENDA 18 MG/3 ML PEN	ABNORMAL WEIGHT GAIN	Gynecology (No OB)	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	ABNORMAL WEIGHT GAIN	Internal Medicine	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	ABNORMAL WEIGHT GAIN	Physician	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 27.0-27.9, ADULT	Family Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 28.0-28.9, ADULT	Internal Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 30.0-30.9, ADULT	Endocrinology And Metabolism	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 30.0-30.9, ADULT	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 30.0-30.9, ADULT	Family Medicine	Approved	3		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 30.0-30.9, ADULT	Family Medicine	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 30.0-30.9, ADULT	Physician	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 31.0-31.9, ADULT	Cardiovascular Disease	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 31.0-31.9, ADULT	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 31.0-31.9, ADULT	Physician	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 32.0-32.9, ADULT	Cardiovascular Disease	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 33.0-33.9, ADULT	Family Medicine	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 33.0-33.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 33.0-33.9, ADULT	Family Nurse Practitioner Primary Care	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 34.0-34.9, ADULT	Cardiovascular Disease	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 34.0-34.9, ADULT	Family Medicine	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 35.0-35.9, ADULT	Family Medicine	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 36.0-36.9, ADULT	Family Medicine	Approved	4		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 36.0-36.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 36.0-36.9, ADULT	Physician	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 37.0-37.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 38.0-38.9, ADULT	Cardiovascular Disease	Approved	3		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 38.0-38.9, ADULT	Family Medicine	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 38.0-38.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 38.0-38.9, ADULT	Physician	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 39.0-39.9, ADULT	Cardiovascular Disease	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 39.0-39.9, ADULT	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 39.0-39.9, ADULT	Family Medicine	Approved	9		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 39.0-39.9, ADULT	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Cardiology, Interventional	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Endocrinology And Metabolism	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Family Medicine	Approved	3		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Internal Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 45.0-49.9, ADULT	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 45.0-49.9, ADULT	Family Medicine	Approved	3		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 50.0-59.9, ADULT	Family Medicine	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 50.0-59.9, ADULT	Family Medicine	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 50.0-59.9, ADULT	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	DIETARY COUNSELING AND SURVEILLANCE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	DRUG-INDUCED OBESITY	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	FAMILY HISTORY OF DIABETES MELLITUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	HYPOTHYROIDISM, UNSPECIFIED	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Anesthesiology	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Cardiology, Interventional	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	13		0		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	12	Services are not medically necessary	12		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Approved	4		0		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Denied	9	Services are not medically necessary	9		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Physician	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Surgery, General	Denied	3	Services are not medically necessary	3		0
SAXENDA 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Family Medicine	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Endocrinology And Metabolism	Approved	4		0		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Endocrinology And Metabolism	Denied	7	Services are not medically necessary	7		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Family Medicine	Approved	31		0		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Family Medicine	Denied	23	Services are not medically necessary	23		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Internal Medicine	Approved	4		0		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Internal Medicine	Denied	6	Services are not medically necessary	6		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Physician	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Physician Assistant	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0

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SAXENDA 18 MG/3 ML PEN	OTHER ABNORMAL GLUCOSE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY	Endocrinology And Metabolism	Approved	7		0		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY	Family Medicine	Approved	3		0		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY	Family Medicine	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	3		0		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	4	Services are not medically necessary	4		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Physician	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OVERWEIGHT	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OVERWEIGHT	Family Medicine	Approved	7		0		0
SAXENDA 18 MG/3 ML PEN	OVERWEIGHT	Family Medicine	Denied	3	Services are not medically necessary	3		0
SAXENDA 18 MG/3 ML PEN	OVERWEIGHT	Physician	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OVERWEIGHT	Surgery, General	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	POLYCYSTIC OVARIAN SYNDROME	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
SAXENDA 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SBRT DELIVERY	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
SBRT MANAGEMENT	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
SCAN PROC CRANIAL EXTRA	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	1		0		0
SCAN PROC CRANIAL EXTRA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
SCAN PROC SPINAL	OTH FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Denied	1	Services are not medically necessary	1		0
SCAN PROC SPINAL	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
SCLERAL COVER SHELL	ACQUIRED ABSENCE OF EYE	Other	Approved	1		0		0
SCLERAL COVER SHELL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	2		0		0
SCLERAL COVER SHELL	OTHER DISORDERS OF GLOBE	Ancillary	Approved	1		0		0
SCLEROTX FLUID COLLECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
SCOPE PLANTAR FASCIOTOMY	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
SEAT LIFT MECH, ELECTRIC ANY	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SEAT/BACK CUS NO DMEPDAC VER	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
SECOND LEVEL CER DISKECTOMY	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0

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SECOND LEVEL CER DISKECTOMY	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	PAIN IN THORACIC SPINE	Facility	Denied	1	Services are not medically necessary	1		0
SECOND LEVEL CER DISKECTOMY	RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
SECOND LEVEL CER DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	2		0		0
SECOND LEVEL CER DISKECTOMY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SECOND STAGE IMPLANT SURGERY	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
SECONDARY URETHRAL SURGERY	ALPHA-1-ANTITRYPSIN DEFICIENCY	Facility	Approved	1		0		0
SECONDARY URETHRAL SURGERY	FALL ON SIDEWALK CURB	Facility	Approved	1		0		0
SEEBRI NEOHALER 15.6 MCG INHAL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Gerontological Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SEG PNEUMATIC APPL FULL ARM	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
SEG PNEUMATIC APPL FULL ARM	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Ancillary	Approved	1		0		0
SEG PNEUMATIC APPL FULL LEG	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SEG PNEUMATIC APPLIANCE USE W PNEUMATIC COMPRESSOR, CHEST	I89.0 - Lymphedema, not elsewhere classified	Family Medicine	Approved	1		0		0
SELF CARE MNGMENT TRAINING	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
SELF CARE MNGMENT TRAINING	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
SELF CARE MNGMENT TRAINING	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
SELF CARE MNGMENT TRAINING	PAIN IN LEFT WRIST	Multi-Specialty Group	Approved	1		0		0
SELF CARE MNGMENT TRAINING	PRIMARY PULMONARY HYPERTENSION	Facility	Denied	1	Services are not medically necessary	1		0
SELF CARE MNGMENT TRAINING	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
SELF CARE MNGMENT TRAINING	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
SELZENTRY 150 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
SEMEN ANALYSIS, COMPLETE	N46.11 - Organic oligospermia; Z31.41 - Encounter for fertility testing; Z86.79 - Personal history of other diseases of the circulatory system	Urology	Approved	1		0		0
SEMEN ANALYSIS, COMPLETE	Z31.41 - Fertility testing	Urology	Approved	1		0		0
SENSIPAR 30 MG TABLET	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Nephrology	Approved	3		0		0
SENSIPAR 60 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
SENSIPAR 60 MG TABLET	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Nephrology	Approved	1		0		0
SENSIPAR 60 MG TABLET	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Physician	Approved	1		0		0
SENSIPAR 90 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	1		0		0
SENSIPAR 90 MG TABLET	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Nephrology	Approved	1		0		0
SENSIPAR 90 MG TABLET	SECONDARY HYPERPARATHYROIDISM, NOT ELSEWHERE CLASSIFIED	Internal Medicine	Approved	1		0		0
SEREVENT DISKUS 50 MCG	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Internal Medicine	Approved	1		0		0
SERNIVO 0.05% SPRAY	OTHER SEBORRHEIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
SEROQUEL 200 MG TABLET	AUTISTIC DISORDER	Psychiatry	Approved	1		0		0
SEROQUEL 25 MG TABLET	MOOD DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION, UNSP	Internal Medicine	Approved	1		0		0
SEROSTIM	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine		0		0	Approved	1
SEROSTIM 6 MG VIAL		Internal Medicine	Denied	1	Services are not medically necessary	1		0
SEROSTIM 6 MG VIAL	CACHEXIA	Infectious Disease	Denied	1	Services are not medically necessary	1		0

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SEROSTIM 6 MG VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Infectious Disease	Denied	1	Services are not medically necessary	1		0
SEROSTIM 6 MG VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SERTRALINE HCL 100 MG TABLET	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	Psychiatry, Child & Adolescent	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
SERTRALINE HCL 100 MG TABLET	IRRITABILITY AND ANGER	Physician	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	2		0		0
SERTRALINE HCL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	2		0		0
SERTRALINE HCL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
SERTRALINE HCL 100 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	MIXED OBSESSIVE THOUGHTS AND ACTS	Psychiatry	Denied	1	Services are not medically necessary	1		0
SERTRALINE HCL 100 MG TABLET	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
SERV PART OF PHASE I TRIAL	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
SERV PART OF PHASE I TRIAL	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Facility	Approved	1		0		0
SERV PART OF PHASE I TRIAL	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	5		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	3		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF CECUM	Hematology	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Facility	Approved	2		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT BRONCHUS AND LUNG	Facility	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Facility	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	Facility	Approved	2		0		0
SERV PART OF PHASE I TRIAL	MESOTHELIOMA OF PERITONEUM	Facility	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
SERV PART OF PHASE I TRIAL	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Facility	Approved	3		0		0
SERV PART OF PHASE I TRIAL	UNSPECIFIED JAUNDICE	Facility	Approved	1		0		0
SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	AUTISTIC DISORDER	Emergency Medicine		0		0	Denied	1
SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Autistic disorder	Pediatric Neurology		0		0	Approved	1

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SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	DOWN SYNDROME, UNSPECIFIED	Emergency Medicine		0		0	Denied	1
SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Fever, unspecified	Physician Assistant		0		0	Denied	1
SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	OTHER SYMBOLIC DYSFUNCTIONS	Emergency Medicine		0		0	Approved	1
SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	OTHER SYMBOLIC DYSFUNCTIONS	Neurology		0		0	Denied	2
SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	OTHER SYMBOLIC DYSFUNCTIONS	Ophthalmology		0		0	Approved	1
SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	PHONOLOGICAL DISORDER	Ancillary		0		0	Denied	1
SERVICES PROVIDED AS PART OF	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
SERVICES PROVIDED AS PART OF	ADULT T-CELL LYMPH/LEUK (HTLV-1-ASSOC) NOT ACHIEVE REMISSION	Internal Medicine	Approved	1		0		0
SERVICES PROVIDED AS PART OF	APLASTIC ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	C34.90 - Malignant neoplasm of unspecified part of unspecified bronchus or lung	Specialist	Approved	1		0		0
SERVICES PROVIDED AS PART OF	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Internal Medicine	Approved	1		0		0
SERVICES PROVIDED AS PART OF	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Internal Medicine	Approved	1		0		0
SERVICES PROVIDED AS PART OF	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIG NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SEC	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF ASCENDING COLON	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF CECUM	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	Surgery, General	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF LESSER CURVATURE OF STOMACH, UNSP	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	5		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF PROSTATE	Internal Medicine	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	1		0		0

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SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF RIGHT OVARY	Oncology	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Hematology	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MESOTHELIOMA OF PERITONEUM	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
SERVICES PROVIDED AS PART OF	MYELOFIBROSIS	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Facility	Approved	2		0		0
SERVICES PROVIDED AS PART OF	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	Genetics	Approved	1		0		0
SERVICES PROVIDED AS PART OF	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	THROMBOCYTOPENIA, UNSPECIFIED	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
SERVICES PROVIDED AS PART OF	UNSPECIFIED ACQUIRED DEFORMITY OF RIGHT LOWER LEG	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	2		0		0
SET RADIATION THERAPY FIELD	ACUTE RESPIRATORY DISTRESS	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK	Dermatology	Approved	1		0		0
SET RADIATION THERAPY FIELD	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	CHANGE IN BOWEL HABIT	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	DIFFUSE LARGE B-CELL LYMPHOMA, NODES OF HEAD, FACE, AND NECK	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	DISORIENTATION, UNSPECIFIED	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	EPIGASTRIC PAIN	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	GENERALIZED ABDOMINAL PAIN	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	HEMATEMESIS	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES	Family Medicine	Approved	1		0		0

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SET RADIATION THERAPY FIELD	HYPERTROPHIC SCAR	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	HYPOTENSION, UNSPECIFIED	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	2		0		0
SET RADIATION THERAPY FIELD	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	3		0		0
SET RADIATION THERAPY FIELD	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Family Medicine	Approved	3		0		0
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF BODY OF PANCREAS	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Family Medicine	Approved	3		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	5		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF ENDOMETRIUM	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Family Medicine	Approved	3		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	4		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	19		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0

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SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Family Medicine	Approved	3		0		0
SET RADIATION THERAPY FIELD	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
SET RADIATION THERAPY FIELD	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	POSTPROC SEROMA OF A MS STRUCTURE FOL A MS SYS PROCEDURE	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	2		0		0
SET RADIATION THERAPY FIELD	SECONDARY MALIGNANT NEOPLASM OF BONE	Facility	Approved	3		0		0
SET RADIATION THERAPY FIELD	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	2		0		0
SET RADIATION THERAPY FIELD	SEPSIS, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	SOLITARY PULMONARY NODULE	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HIP	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Family Medicine	Approved	1		0		0
SET RADIATION THERAPY FIELD	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD 3D RECON; RADIATION THERAPY DOSE PLAN; EXTERNAL RADIATION DOSIMETRY; R	C50.412 - Malignant neoplasm of upper-outer quadrant of left female breast	Hematology/Oncology	Approved	1		0		0
SET RADIATION THERAPY FIELD 3D RECON; RADIATION THERAPY DOSE PLAN; EXTERNAL RADIATION DOSIMETRY; R	L91.0 - Hypertrophic scar	Plastic Surgery	Approved	1		0		0
SEVELAMER 2.4 GM POWDER PACKET	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
SEVELAMER CARBONATE 800 MG TAB	DISORDER OF PHOSPHORUS METABOLISM, UNSPECIFIED	Nephrology	Approved	1		0		0
SEVELAMER CARBONATE 800 MG TAB	END STAGE RENAL DISEASE	Internal Medicine	Approved	1		0		0
SEVELAMER CARBONATE 800 MG TAB	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
SEVELAMER CARBONATE 800 MG TAB	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Nephrology	Approved	2		0		0
SEVELAMER CARBONATE 800 MG TAB	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Nephrology	Approved	1		0		0
SEYSARA 100 MG TABLET		Dermatology	Approved	1		0		0
SEYSARA 100 MG TABLET		Physician Assistant	Denied	1	Services are not medically necessary	1		0
SEYSARA 100 MG TABLET	ACNE VULGARIS	Dermatology	Approved	4		0		0
SEYSARA 100 MG TABLET	ACNE VULGARIS	Dermatology	Denied	8	Services are not medically necessary	8		0
SEYSARA 100 MG TABLET	ACNE VULGARIS	Physician	Denied	2	Services are not medically necessary	2		0
SEYSARA 100 MG TABLET	ACNE VULGARIS	Physician Assistant	Approved	3		0		0
SEYSARA 100 MG TABLET	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SEYSARA 100 MG TABLET	OTHER ACNE	Physician Assistant	Approved	1		0		0
SEYSARA 150 MG TABLET	ACNE VULGARIS	Dermatology	Approved	2		0		0
SEYSARA 60 MG TABLET	ACNE VULGARIS	Dermatology	Approved	1		0		0
SEYSARA 60 MG TABLET	ACNE VULGARIS	Dermatology	Denied	5	Services are not medically necessary	5		0
SEYSARA 60 MG TABLET	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0

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SGD ACCESSORY NOC	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	Ancillary	Approved	1		0		0
SGD ACCESSORY NOC	CONGEN MALFORM SYNDROMES PREDOM AFFECTING FACIAL APPEARANCE	Ancillary	Approved	2		0		0
SGD ACCESSORY NOC	DYSPHAGIA, OROPHARYNGEAL PHASE	Ancillary	Approved	1		0		0
SGD ACCESSORY, MOUNTING SYS	CONGEN MALFORM SYNDROMES PREDOM AFFECTING FACIAL APPEARANCE	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	AUTISTIC DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
SGD W MULTI METHODS MSG/ACCS	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	CONGEN MALFORM SYNDROMES PREDOM AFFECTING FACIAL APPEARANCE	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	DENTAL CARIES, UNSPECIFIED	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SGD W MULTI METHODS MSG/ACCS	DYSPHAGIA, OROPHARYNGEAL PHASE	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	1		0		0
SHINGRIX VIAL KIT		Family Medicine	Denied	1	Services are not medically necessary	1		0
SHO INSERT W ARCH TOE FILLER	ALTERED MENTAL STATUS, UNSPECIFIED	Ancillary	Approved	1		0		0
SHO INSERT W ARCH TOE FILLER	COMPLETE TRAUMATIC AMPUTATION OF LEFT GREAT TOE, INIT ENCNR	Ancillary	Approved	1		0		0
SHO INSERT W ARCH TOE FILLER	LOW BACK PAIN	Ancillary	Approved	1		0		0
SHO INSERT W ARCH TOE FILLER	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	2		0		0
SHOE LIFTS ELEVATION HEEL /I	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	BICIPITAL TENDINITIS, LEFT SHOULDER	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	CALCIFIC TENDINITIS, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	DISLOCATION OF R ACROMIOCLAV JT, 100%-200% DISPLACMNT, INIT	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	ERUCTION	Ancillary	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	OTH DISP FX OF UPPER END L HUMER, SUBS FOR FX W ROUTN HEAL	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	OTHER INSTABILITY, LEFT SHOULDER	Ancillary	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	OTHER INSTABILITY, RIGHT SHOULDER	Facility	Approved	3		0		0
SHOULDER ARTHROSCOPY/SURGERY	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	PAIN IN LEFT SHOULDER	Ancillary	Denied	3	Services are not medically necessary	3		0
SHOULDER ARTHROSCOPY/SURGERY	PLANTAR FASCIAL FIBROMATOSIS	Ancillary	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	PRIMARY OSTEOARTRITIS, UNSPECIFIED SHOULDER	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
SHOULDER ARTHROSCOPY/SURGERY	SNORING	Ancillary	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNR	Internal Medicine	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SUBS ENCNR	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, SUBS	Facility	Approved	1		0		0
SHOULDER ARTHROSCOPY/SURGERY	UNSP DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INIT	Facility	Denied	1	Services are not medically necessary	1		0
SHOULDER PROSTHESIS REMOVAL	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED SHOULDER	Facility	Denied	1	Services are not medically necessary	1		0

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SHOULDER SURGERY PROCEDURE	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Facility	Denied	1	Services are not medically necessary	1		0
SHRINKER BELOW KNEE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
SIGMOIDOSCOPY AND BIOPSY	MELENA	Facility	Approved	1		0		0
SILDENAFIL	PULMONARY HEART DISEASE, UNSPECIFIED	Rheumatology		0		0	Approved	1
SILDENAFIL 100 MG TABLET	COMB ARTRL INSUFF & CORPORO-VEINUS OCCLUSV ERECTILE DYSFNCT	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Urology	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Registered Nurse	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Approved	1		0		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	6	Services are not medically necessary	6		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Approved	2		0		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	3	Services are not medically necessary	3		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Internal Medicine	Approved	1		0		0
SILDENAFIL 100 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	TESTICULAR HYPOFUNCTION	Adult Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET		Family Medicine	Denied	4	Services are not medically necessary	4		0
SILDENAFIL 20 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Denied	4	Services are not medically necessary	4		0
SILDENAFIL 20 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	DECREASED LIBIDO	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	DRUG-INDUCED ERECTILE DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	DRUG-INDUCED ERECTILE DYSFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ENCOUNTER FOR ISSUE OF REPEAT PRESCRIPTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ENDOCRINE DISORDER, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ENDOCRINE DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ENDOCRINE DISORDER, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Family Medicine	Denied	3	Services are not medically necessary	3		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Urology	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Urology	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	Physician	Denied	1	Services are not medically necessary	1		0

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SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	Urology	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
SILDENAFIL 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	HORMONE REPLACEMENT THERAPY	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	LYMPHANGIOMA, ANY SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Denied	10	Services are not medically necessary	10		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DISORDER	Internal Medicine	Denied	3	Services are not medically necessary	3		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DISORDER	Physician	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DISORDER	Urology	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Cardiovascular Disease	Denied	4	Services are not medically necessary	4		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	41	Services are not medically necessary	41		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	14	Services are not medically necessary	14		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician	Denied	4	Services are not medically necessary	4		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	5	Services are not medically necessary	5		0
SILDENAFIL 20 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Urology	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	NONSCARRING HAIR LOSS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Family Medicine	Denied	3	Services are not medically necessary	3		0
SILDENAFIL 20 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Internal Medicine	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Urology	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	OTHER SECONDARY PULMONARY HYPERTENSION	Family Nurse Practitioner	Approved	1		0		0
SILDENAFIL 20 MG TABLET	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	OTHER TESTICULAR DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
SILDENAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	PULMONARY HEART DISEASE, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
SILDENAFIL 20 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
SILDENAFIL 20 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Pediatric Cardiology	Approved	2		0		0
SILDENAFIL 20 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
SILDENAFIL 20 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	RAYNAUD'S SYNDROME WITH GANGRENE	Rheumatology	Approved	1		0		0
SILDENAFIL 20 MG TABLET	RAYNAUD'S SYNDROME WITHOUT GANGRENE	Rheumatology	Approved	3		0		0
SILDENAFIL 20 MG TABLET	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0

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SILDENAFIL 20 MG TABLET	UNSP SEXUAL DYSFNCT NOT DUE TO A SUB OR KNOWN PHYSIOL COND	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 50 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
SILDENAFIL 50 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	7	Services are not medically necessary	7		0
SILDENAFIL 50 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 50 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 50 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 50 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 50 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Nurse Practitioner	Approved	1		0		0
SILDENAFIL 50 MG TABLET	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 50 MG TABLET	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
SILDENAFIL 50 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILENOR	INSOMNIA, UNSPECIFIED	Physician		0		0	Denied	1
SILENOR 3 MG TABLET	INSOMNIA DUE TO OTHER MENTAL DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
SILENOR 6 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
SILENOR 6 MG TABLET	INSOMNIA, UNSPECIFIED	Pain Management	Approved	1		0		0
SILENOR 6 MG TABLET	INSOMNIA, UNSPECIFIED	Physical Medicine	Denied	1	Services are not medically necessary	1		0
SILENOR 6 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician Assistant	Approved	1		0		0
SILENOR 6 MG TABLET	PRIMARY INSOMNIA	Family Medicine	Approved	1		0		0
SILENOR 6 MG TABLET	PRIMARY INSOMNIA	Neurology	Approved	1		0		0
SILIQ 210 MG/1.5 ML SYRINGE	OTHER PSORIASIS	Dermatology	Approved	1		0		0
SILIQ 210 MG/1.5 ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
SILIQ 210 MG/1.5 ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
SILVADENE 1% CREAM	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Family Medicine	Approved	1		0		0
SILVER SULFADIAZINE 1% CREAM	BURN OF FIRST DEGREE OF RIGHT LOWER LEG, INITIAL ENCOUNTER	Pediatrics	Approved	2		0		0
SILVER SULFADIAZINE 1% CREAM	SUNBURN OF SECOND DEGREE	Family Medicine	Approved	1		0		0
SIMPLE,EXC SWEAT GLAND LESN INGUIN	L73.2 - Hidradenitis	Plastic Surgery	Approved	1		0		0
SIMPONI		Psychiatry		0		0	Approved	1
SIMPONI	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Emergency Medicine		0		0	Approved	1
SIMPONI	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Physician		0		0	Denied	1
SIMPONI 100 MG/ML PEN INJECTOR		Rheumatology	Denied	1	Services are not medically necessary	1		0
SIMPONI 100 MG/ML PEN INJECTOR	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
SIMPONI 100 MG/ML PEN INJECTOR	ULCERATIVE COLITIS	Internal Medicine	Approved	1		0		0
SIMPONI 100 MG/ML PEN INJECTOR	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Physician Assistant	Approved	1		0		0
SIMPONI 100 MG/ML SYRINGE	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Internal Medicine	Approved	2		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SIMPONI 50 MG/0.5 ML PEN INJEC	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0

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SIMPONI 50 MG/0.5 ML PEN INJEC	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	3	Services are not medically necessary	3		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Denied	2	Services are not medically necessary	2		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	Rheumatology	Approved	1		0		0
SIMPONI 50 MG/0.5 ML SYRINGE	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Rheumatology	Denied	1	Services are not medically necessary	1		0
SIMPONI 50 MG/0.5 ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
SIMPONI 50 MG/0.5 ML SYRINGE	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
SIMPONI ARIA 50 MG/4 ML VIAL	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
SIMPONI ARIA 50 MG/4 ML VIAL	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
SIMPONI ARIA 50 MG/4 ML VIAL	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
SINUS ENDO W/BALLOON DIL	CHRONIC PANSINUSITIS	Surgery, Orthopedic		0		0	Approved	1
SINUS SURGERY PROCEDURE	CHRONIC SINUSITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SIO FLEX PELVIC/SACR PRE OTS	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
SIROLIMUS 0.5 MG TABLET	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
SIROLIMUS 0.5 MG TABLET	STEM CELLS TRANSPLANT STATUS	Oncology	Approved	1		0		0
SIROLIMUS 1 MG TABLET	ENCOUNTER FOR AFTERCARE FOLLOWING KIDNEY TRANSPLANT	Pediatric Gastroenterology	Approved	1		0		0
SIROLIMUS 1 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	2		0		0
SIROLIMUS 1 MG TABLET	UNSPECIFIED COMPLICATION OF LIVER TRANSPLANT	Gastroenterology	Approved	1		0		0
SIVEXTRO 200 MG TABLET		Physician	Denied	1	Services are not medically necessary	1		0
SIVEXTRO 200 MG TABLET	ABSCCESS OF THE BREAST AND NIPPLE	Dermatology	Approved	1		0		0
SIVEXTRO 200 MG TABLET	CELLULITIS OF LEFT TOE	Family Medicine	Approved	1		0		0
SIVEXTRO 200 MG TABLET	CUTANEOUS ABSCESS OF LEFT AXILLA	Family Medicine	Approved	1		0		0
SIVEXTRO 200 MG TABLET	ERYSIPELAS	Family Medicine	Approved	1		0		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Dermatology	Approved	2		0		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Dermatology	Denied	1	Services are not medically necessary	1		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Family Medicine	Approved	2		0		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Family Medicine	Denied	1	Services are not medically necessary	1		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Physician	Approved	2		0		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Physician	Denied	1	Services are not medically necessary	1		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Podiatry	Approved	15		0		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Podiatry	Denied	6	Services are not medically necessary	6		0

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SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Surgery, General	Approved	1		0		0
SIVEXTRO 200 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SIVEXTRO 200 MG TABLET	METHICILLIN SUSCEP STAPH INFCT CAUSING DIS CLASSD ELSWHR	Podiatry	Denied	1	Services are not medically necessary	1		0
SIVEXTRO 200 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Approved	1		0		0
SIVEXTRO 200 MG TABLET	SEBACEOUS CYST	Dermatology	Approved	1		0		0
SIVEXTRO 200 MG TABLET	TINEA UNGUIUM	Podiatry	Approved	1		0		0
SKIN BARRIER, WIPE OR SWAB	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Approved	1		0		0
SKIN BARRIER, WIPE OR SWAB	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	1	Services are not medically necessary	1		0
SKIN BARRIER, WIPE OR SWAB	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
SKIN BARRIER, WIPE OR SWAB	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
Skin Cancer	Basal cell carcinoma of skin of nose	DERMATOLOGY	Denied	3	Services are not medically necessary	3		0
Skin Cancer	Basal cell carcinoma of skin of other parts of face	DERMATOLOGY	Denied	1	Services are not medically necessary	1		0
Skin Cancer	Basal cell carcinoma of skin of scalp and neck	DERMATOLOGY	Denied	1	Services are not medically necessary	1		0
Skin Cancer	Carcinoma in situ of skin of scalp and neck	DERMATOLOGY	Denied	1	Services are not medically necessary	1		0
Skin Cancer	Mycosis fungoides, extranodal and solid organ sites	RADIATION ONCOLOGY	Approved	1		0		0
Skin Cancer	Mycosis fungoides, unspecified site	RADIATION ONCOLOGY	Approved	1		0		0
Skin Cancer	Squamous cell carcinoma of skin of scalp and neck	DERMATOLOGY	Denied	1	Services are not medically necessary	1		0
SKIN FULL GRAFT TRUNK	HYPERTROPHY OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
SKIN FULL GRAFT TRUNK ADD-ON	HYPERTROPHY OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
SKIN FULL GRFT FACE/GENIT/HF	ALPHA-1-ANTITRYPSIN DEFICIENCY	Facility	Approved	1		0		0
SKIN FULL GRFT FACE/GENIT/HF	FALL ON SIDEWALK CURB	Facility	Approved	1		0		0
SKIN FULL GRFT FACE/GENIT/HF	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
SKIN PEDICLE FLAP TRUNK	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Surgery, General	Approved	1		0		0
SKIN PRO/POS WC CUS WD <22IN	SPASTIC DIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
SKIN SPLT GRFT T/A/L ADD-ON	SECONDARY AND UNSP MALIGNANT NEOPLASM OF LYMPH NODE, UNSP	Urology	Approved	1		0		0
SKIN SPLT GRFT TRNK/ARM/LEG	SECONDARY AND UNSP MALIGNANT NEOPLASM OF LYMPH NODE, UNSP	Urology	Approved	1		0		0
SKIN SPLT GRFT TRNK/ARM/LEG	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Facility	Approved	1		0		0
SKIN SPLT GRFT TRNK/ARM/LEG	UNSPECIFIED OPEN WOUND, UNSPECIFIED THIGH, SUBS ENCNR	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT F/N/HF/G ADDL	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT F/N/HF/G ADDL	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT F/N/HF/G ADDL	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Approved	1		0		0
SKIN SUB GRAFT F/N/HF/G ADDL	UNSPECIFIED OPEN WOUND, LEFT FOOT, SUBSEQUENT ENCOUNTER	Podiatry	Approved	3		0		0
SKIN SUB GRAFT F/N/HF/G ADDL	VARICOSE VEINS OF R LOW EXTREM W ULCER OTH PART OF FOOT	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	BENIGN NEOPLASM OF LOWER JAW BONE	Facility	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	Other	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	MALIGNANT NEOPLASM OF RETROMOLAR AREA	Facility	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	NEURALGIA AND NEURITIS, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHR ULCER OF RIGHT HEEL AND MIDFT W FAT LAYER EXPOS	Facility	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHRONIC ULC UNSP PRT OF R LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHRONIC ULCER OTH PRT L FOOT LIMITED TO BRKDNW SKIN	Facility	Denied	1	Services are not medically necessary	1		0

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SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHRONIC ULCER OTH PRT R FOOT LIMITED TO BRKDNW SKIN	Podiatry	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	OTHER NAIL DISORDERS	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 2	HOSPITAL	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS	Podiatry	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Podiatry	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Podiatry	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	2		0		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Denied	4	Services are not medically necessary	4		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Podiatry	Approved	4		0		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Podiatry	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	UNSPECIFIED OPEN WOUND, LEFT FOOT, SUBSEQUENT ENCOUNTER	Podiatry	Approved	3		0		0
SKIN SUB GRAFT FACE/NK/HF/G	VARICOSE VEINS OF R LOW EXTREM W ULCER OTH PART OF FOOT	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT T/A/L ADD-ON	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES	Facility	Approved	1		0		0
SKIN SUB GRAFT T/A/L ADD-ON	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
SKIN SUB GRAFT T/A/L ADD-ON	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SKIN SUB GRAFT T/A/L ADD-ON	MASTODYNIA	Facility	Approved	1		0		0
SKIN SUB GRAFT T/A/L ADD-ON	NON-PRS CHRONIC ULC UNSP PRT OF R LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT T/A/L ADD-ON	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
SKIN SUB GRAFT T/A/L ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	CALCINOSIS CUTIS	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	CHRONIC VENOUS HTN W ULCER AND INFLAMMATION OF L LOW EXTREM	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	MASTODYNIA	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	NON-PRESSURE CHRONIC ULCER OF LEFT CALF W FAT LAYER EXPOSED	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	NON-PRS CHR ULC UNSP PRT OF R LOW LEG W FAT LAYER EXPOSED	Family Medicine	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	NON-PRS CHRONIC ULC UNSP PRT OF R LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	OSTEOMYELITIS, UNSPECIFIED	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Denied	1	Services are not medically necessary	1		0

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SKIN SUB GRAFT TRNK/ARM/LEG	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	OTHER EXSTROPHY OF URINARY BLADDER	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	PUNCTURE WOUND W/O FOREIGN BODY, RIGHT LOWER LEG, SUBS	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT TRNK/ARM/LEG	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	UNSP OPN WND ABD WALL, UNSP Q W/O PENET PERIT CAV, SUBS	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRFT T/ARM/LG CHILD	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
SKIN TISSUE PROCEDURE	BURN OF THIRD DEGREE OF LEFT HAND, UNSPECIFIED SITE, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
SKIN TISSUE PROCEDURE	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Denied	1	Services are not medically necessary	1		0
SKIN TISSUE PROCEDURE	MELANOCYTIC NEVI OF OTHER PARTS OF FACE	Facility	Denied	1	Services are not medically necessary	1		0
SKN SUB GRFT F/N/HF/G CH ADD	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
SKN SUB GRFT F/N/HF/G CHILD	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Ancillary	Approved	1		0		0
SKN SUB GRFT F/N/HF/G CHILD	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Facility	Approved	1		0		0
SKN SUB GRFT T/A/L CHILD ADD	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
SKYRIZI	OTHER PSORIASIS	Physician		0		0	Approved	1
SKYRIZI	OTHER PSORIASIS	Surgery, Orthopedic		0		0	Approved	1
SKYRIZI	PSORIASIS VULGARIS	Psychiatry		0		0	Approved	1
SKYRIZI 150 MG DOSE KIT-2 SYRN	OTHER PSORIASIS	Dermatology	Approved	4		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	OTHER PSORIASIS	Dermatology	Denied	2	Services are not medically necessary	2		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	OTHER PSORIASIS	Physician	Approved	1		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	PSORIASIS VULGARIS	Dermatology	Approved	19		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	PSORIASIS VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	PSORIASIS VULGARIS	Physician	Approved	3		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	PSORIASIS VULGARIS	Physician Assistant	Approved	3		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	PSORIASIS, UNSPECIFIED	Dermatology	Approved	3		0		0
SKYRIZI 75 MG/0.83 ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
SLCO1B1 GENE COM VARIANTS	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Ancillary	Approved	1		0		0
SLCO1B1 GENE COM VARIANTS	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAM W ABNORMAL FINDINGS	Ancillary	Approved	2		0		0
SLCO1B1 GENE COM VARIANTS	ENCOUNTER FOR SCREENING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SLCO1B1 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SLCO1B1 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SLCO1B1 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLCO1B1 GENE COM VARIANTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
sleep study	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary		0		0	Denied	1
Sleep Study	Obstructive sleep apnea (adult) (pediatric)	Emergency Medicine		0		0	Approved	1
sleep study	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Endocrinology And Metabolism		0		0	Approved	1
sleep study	Obstructive sleep apnea (adult) (pediatric)	Otolaryngology (Ear, Nose, And Throat)		0		0	Approved	1

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sleep study	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Surgery, Plastic		0		0	Approved	1
sleep study	SLEEP APNEA, UNSPECIFIED	Ancillary		0		0	Denied	1
SLEEP STUDY ATTENDED	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	2		0		0
SLEEP STUDY ATTENDED	HEART FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY ATTENDED	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	3		0		0
SLEEP STUDY ATTENDED	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	1		0		0
SLEEP STUDY ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	8		0		0
SLEEP STUDY ATTENDED	OTHER SLEEP APNEA	Facility	Approved	1		0		0
SLEEP STUDY ATTENDED	SNORING	Family Medicine	Approved	3		0		0
SLEEP STUDY ATTENDED	SOMNOLENCE	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	ABDOMINAL DISTENSION (GASEOUS)	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	ACUTE PYELONEPHRITIS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	APNEA, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	3		0		0
SLEEP STUDY UNATT&RESP EFFT	ATYP SQUAM CELL OF UNDET SIGNFC CYTO SMR CRVX (ASC-US)	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	BENIGN NEOPLASM OF SIGMOID COLON	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	BENIGN NEOPLASM OF THYMUS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	BENIGN NEOPLASM, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CALCIFIC TENDINITIS, OTHER SITE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CALCULUS OF KIDNEY	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CALCULUS OF URETER	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	CANDIDAL STOMATITIS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CELLULITIS OF RIGHT LOWER LIMB	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CHEST PAIN, UNSPECIFIED	Family Medicine	Approved	4		0		0
SLEEP STUDY UNATT&RESP EFFT	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CHRONIC SINUSITIS, UNSPECIFIED	General Practice	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CHRONIC SINUSITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CHRONIC SINUSITIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	CHRONIC TONSILLITIS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	COUGH	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	DEVIATED NASAL SEPTUM	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Family Medicine	Approved	3		0		0
SLEEP STUDY UNATT&RESP EFFT	DISP FX OF SHAFT OF FIFTH METACARPAL BONE, LEFT HAND, INIT	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUNTN HEAL	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	DIZZINESS AND GIDDINESS	Family Medicine	Approved	2		0		0

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SLEEP STUDY UNATT&RESP EFFT	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Ancillary	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY UNATT&RESP EFFT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	12		0		0
SLEEP STUDY UNATT&RESP EFFT	END STAGE RENAL DISEASE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	EPIGASTRIC PAIN	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	ESSENTIAL (PRIMARY) HYPERTENSION	NULL	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	FAMILY HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	9		0		0
SLEEP STUDY UNATT&RESP EFFT	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	HALLUX RIGIDUS, RIGHT FOOT	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	HIDDEN PENIS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	275		0		0
SLEEP STUDY UNATT&RESP EFFT	HYPERTROPHY OF TONSILS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	4		0		0
SLEEP STUDY UNATT&RESP EFFT	INSOMNIA, UNSPECIFIED	NULL	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	INTRAMURAL LEIOMYOMA OF UTERUS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	IRREGULAR MENSTRUATION, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	LOCALIZED ENLARGED LYMPH NODES	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MELENA	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	4		0		0
SLEEP STUDY UNATT&RESP EFFT	NARCOLEPSY WITHOUT CATAPLEXY	Ancillary	Approved	1		0		0

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SLEEP STUDY UNATT&RESP EFFT	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE HYDROCEPHALUS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	20		0		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Denied	2	Services are not medically necessary	2		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	320		0		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	General Practice	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NULL	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTH INJURIES OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENC NTR	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	General Practice	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTHER CHEST PAIN	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTHER FATIGUE	Facility	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY UNATT&RESP EFFT	OTHER FORMS OF DYSPNEA	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTHER HYPERSOMNIA	Pulmonary Disease	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTHER SOMATOFORM DISORDERS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Family Medicine	Approved	12		0		0
SLEEP STUDY UNATT&RESP EFFT	OVERWEIGHT	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PAIN IN LEFT WRIST	Ancillary	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PERIODIC BREATHING	FAMILY MEDICINE	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	10		0		0
SLEEP STUDY UNATT&RESP EFFT	PLANTAR FASCIAL FIBROMATOSIS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PNEUMONIA, UNSPECIFIED ORGANISM	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, SELF-HARM, INIT	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	Ancillary	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PRIMARY CENTRAL SLEEP APNEA	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PSYCHOPHYSIOLOGIC INSOMNIA	Family Medicine	Approved	3		0		0
SLEEP STUDY UNATT&RESP EFFT	PULMONARY HYPERTENSION DUE TO LEFT HEART DISEASE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	PULMONARY HYPERTENSION, UNSPECIFIED	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	RIGHT UPPER QUADRANT PAIN	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	SHORTNESS OF BREATH	Family Medicine	Approved	3		0		0
SLEEP STUDY UNATT&RESP EFFT	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	7		0		0
SLEEP STUDY UNATT&RESP EFFT	SLEEP APNEA, UNSPECIFIED	Family Medicine	Approved	7		0		0
SLEEP STUDY UNATT&RESP EFFT	SLEEP APNEA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	SLEEP DISORDER, UNSPECIFIED	Family Medicine	Approved	17		0		0
SLEEP STUDY UNATT&RESP EFFT	SNORING	Ancillary	Approved	3		0		0
SLEEP STUDY UNATT&RESP EFFT	SNORING	Family Medicine	Approved	168		0		0
SLEEP STUDY UNATT&RESP EFFT	SOMNOLENCE	Family Medicine	Approved	14		0		0
SLEEP STUDY UNATT&RESP EFFT	SOMNOLENCE	NULL	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	Family Medicine	Approved	1		0		0

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SLEEP STUDY UNATT&RESP EFFT	SYNCOPE AND COLLAPSE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	4		0		0
SLEEP STUDY UNATT&RESP EFFT	UNSPECIFIED ABDOMINAL PAIN	Family Medicine	Approved	3		0		0
SLEEP STUDY UNATT&RESP EFFT	UNSPECIFIED CONVULSIONS	Family Medicine	Approved	2		0		0
SLEEP STUDY UNATT&RESP EFFT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Family Medicine	Approved	1		0		0
SLEEP STUDY UNATT&RESP EFFT	URETHRAL DIVERTICULUM	Family Medicine	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 3 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 3 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	12		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	CHRONIC FATIGUE, UNSPECIFIED	Respiratory	Approved	5		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	Respiratory	Approved	8		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	COUGH	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	DEVIATED NASAL SEPTUM	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	DYSPNEA, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ENCOUNTER FOR SCREENING FOR OTHER DISORDER	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Approved	7		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	152		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	3	Services are not medically necessary	3		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	INADEQUATE SLEEP HYGIENE	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	INSOMNIA, UNSPECIFIED	Respiratory	Approved	25		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	INSOMNIA, UNSPECIFIED	Respiratory	Denied	3	Services are not medically necessary	3		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	NARCOLEPSY WITH CATAPLEXY	Respiratory	Approved	1		0		0

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SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OBESITY, UNSPECIFIED	Respiratory	Approved	4		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	1043		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	55	Services are not medically necessary	55		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER ABNORMALITIES OF BREATHING	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER FATIGUE	Respiratory	Approved	9		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER FORMS OF DYSPNEA	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER HYPERSOMNIA	Respiratory	Approved	20		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SLEEP APNEA	Respiratory	Approved	5		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SLEEP DISORDERS	Respiratory	Approved	12		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SLEEP DISORDERS	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	10		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OVERWEIGHT	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	5		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	PERSONAL HISTORY OF OTHER DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	RADICULOPATHY, LUMBAR REGION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	RECURRENT HYPERSOMNIA	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	RECURRENT HYPERSOMNIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SHORTNESS OF BREATH	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SHORTNESS OF BREATH	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	243		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	14	Services are not medically necessary	14		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	16		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP DISORDER, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SNORING	Respiratory	Approved	135		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SNORING	Respiratory	Denied	7	Services are not medically necessary	7		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SOMNOLENCE	Respiratory	Approved	27		0		0

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SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SOMNOLENCE	Respiratory	Denied	4	Services are not medically necessary	4		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	UNSPECIFIED ATRIAL FIBRILLATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	CEREBRAL INFARCTION, UNSPECIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, SECOND TRIMESTER	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	HEADACHE	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	13		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	INSOMNIA, UNSPECIFIED	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	INSUFFICIENT SLEEP SYNDROME	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	219		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	22	Services are not medically necessary	22		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER FATIGUE	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER FATIGUE	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER HYPERSOMNIA	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER HYPERSOMNIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER SLEEP DISORDERS	Respiratory	Approved	4		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER SLEEP DISORDERS	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SHORTNESS OF BREATH	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	34		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	5	Services are not medically necessary	5		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SNORING	Respiratory	Approved	27		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SNORING	Respiratory	Denied	2	Services are not medically necessary	2		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SOMNOLENCE	Respiratory	Approved	4		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	TRANSIENT ALTERATION OF AWARENESS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESPIRATORY EFFORT (EG, THORACOABDOMINAL MOVEMENT)		Emergency Medicine		0		0	Denied	1
SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESPIRATORY EFFORT (EG, THORACOABDOMINAL MOVEMENT)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary		0		0	Approved	1

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SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESPIRATORY EFFORT (EG, THORACOABDOMINAL MOVEMENT)	OTHER HYPERSOMNIA	Pain Management		0		0	Approved	1
SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY ANALYSIS (EG, BY AIRFLOW OR PERIPHERAL ARTERIAL TONE), AND SLEEP TIME	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Surgery, Plastic		0		0	Approved	1
SLP STDY UNATTENDED	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Ancillary	Approved	1		0		0
SLP STDY UNATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	6		0		0
SLP STDY UNATTENDED	PAIN IN RIGHT WRIST	Ancillary	Approved	1		0		0
SLP STDY UNATTENDED	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	4		0		0
SMALL BOWEL ENDOSCOPY	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	Ancillary	Approved	1		0		0
SMALL BOWEL ENDOSCOPY	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
SMALL BOWEL ENDOSCOPY/BIOPSY	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Facility	Approved	1		0		0
SMALL BOWEL ENDOSCOPY/BIOPSY	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
Small Cell Lung Cancer	Malignant neoplasm of left main bronchus	RADIATION ONCOLOGY	Approved	1		0		0
Small Cell Lung Cancer	Malignant neoplasm of overlapping sites of right bronchus and lung	RADIATION ONCOLOGY	Approved	1		0		0
Small Cell Lung Cancer	Malignant neoplasm of unspecified part of unspecified bronchus or lung	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Small Cell Lung Cancer	Malignant neoplasm of upper lobe, left bronchus or lung	Other	Approved	1		0		0
SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; DOSAGE/DELETION ANALYSIS (EG, CARRIER TESTING), INCLUDES SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) ANALYSIS, IF PERFORMED	ENCOUNTER OF MALE FOR TESTING FOR GENETIC DISEASE CARRIER STATUS FOR PROCREATIVE MANAGEMENT	Pulmonary Disease		0		0	Approved	1
SMN1 GENE DOS/DELETION ALYS	AMENORRHEA, UNSPECIFIED	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	AMENORRHEA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	Ancillary	Denied	3	Services are not medically necessary	3		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	Ancillary	Approved	3		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	Ancillary	Denied	4	Services are not medically necessary	4		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	Internal Medicine	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, FIRST TRIMESTER	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	Ancillary	Approved	2		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Approved	2		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	Ancillary	Denied	1	Services are not medically necessary	1		0

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SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR CERVICAL LENGTH	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR OTHER GENETIC DEFECTS	Obstetrics/Gynecology	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING, UNSPECIFIED	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Family Medicine	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON PROCREATION	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON PROCREATION	Family Medicine	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON PROCREATION	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTHER SPECIFIED ANTENATAL SCREENING	Ancillary	Approved	2		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Approved	7		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Ancillary	Denied	3	Services are not medically necessary	3		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Facility	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	MATERNAL CARE FOR (SUSPECTED) CNSL MALFORM IN FETUS, UNSP	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	OVARIAN DYSFUNCTION, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY PRIMIGRAVIDA, UNSPECIFIED TRIMESTER	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	THREATENED ABORTION	Ancillary	Approved	1		0		0
SO 8 AB RSTR CAN/WEB PRE OTS	OTHER INSTABILITY, LEFT SHOULDER	Ancillary	Approved	1		0		0
SO 8 AB RSTR CAN/WEB PRE OTS	PAIN IN RIGHT SHOULDER	Ancillary	Approved	1		0		0
SO 8 ABD RESTRAINT PRE OTS	FX UNSP PART OF L CLAVICLE, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
SO 8 ABD RESTRAINT PRE OTS	NONDISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	ANTERIOR DISLOCATION OF LEFT HUMERUS, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	CALCIFIC TENDINITIS, UNSPECIFIED SITE	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Ancillary	Approved	8		0		0

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SO ACRO/CLAV CAN WEB PRE OTS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Ancillary	Approved	11		0		0
SO ACRO/CLAV CAN WEB PRE OTS	CONTUSION OF RIGHT ELBOW, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	DISORDER OF BREAST, UNSPECIFIED	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF RIGHT CLAVICLE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	DISPL SIMP SUPRCNDL FX W/O INTRCNDL FX R HUMER, 7THD	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	DISPL SIMPLE SUPRCNDL FX W/O INTRCNDL FX L HUMERUS, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	DISPL SUPRCNDL FX W INTRCNDL EXTN LOWER END OF L FEMUR, INIT	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	3		0		0
SO ACRO/CLAV CAN WEB PRE OTS	ERUCTION	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	FRACTURE OF RIGHT SHOULDER GIRDLE, PART UNSP, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	FRACTURE OF UNSP PART OF LEFT CLAVICLE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	FRACTURE OF UNSP PART OF SCAPULA, LEFT SHOULDER, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	LATERAL EPICONDYLITIS, LEFT ELBOW	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	MEDIAL EPICONDYLITIS, RIGHT ELBOW	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	NONDISP FX OF GREATER TUBEROSITY OF L HUMER, 7THD	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	NONDISP FX OF HEAD OF RIGHT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	3		0		0
SO ACRO/CLAV CAN WEB PRE OTS	NONDISP FX OF NECK OF RIGHT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	NONDISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTH EXTRARTIC FX LOW END L RAD, SUBS FOR CLOS FX W MALUNION	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTH INTARTIC FX LOW END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Ancillary	Approved	3		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTHER INSTABILITY, LEFT SHOULDER	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTHER INSTABILITY, RIGHT SHOULDER	Ancillary	Approved	3		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	1		0		0

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SO ACRO/CLAV CAN WEB PRE OTS	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT ELBOW	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT SHOULDER	Ancillary	Approved	4		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT UPPER ARM	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN RIGHT ELBOW	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN RIGHT KNEE	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN RIGHT SHOULDER	Ancillary	Approved	6		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	SLTR-HARIS TYPE II PHYSL FX UPPER END RADIUS, LEFT ARM, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	SNORING	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	SOMNOLENCE	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	SPRAIN OF RIGHT ACROMIOCLAVICULAR JOINT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTNTR	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	STRAIN OF MUSC/FASC/TEND PRT BICEPS, LEFT ARM, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, SUBS	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP DISP FX OF SURGICAL NECK OF RIGHT HUMERUS, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF LOWER END OF LEFT HUMERUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF LOWER END OF RIGHT HUMERUS, INIT	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF THE LOWER END OF LEFT RADIUS, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF UPPER END OF LEFT HUMERUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF UPPER END OF RIGHT HUMERUS, INIT	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNTNTR	Ancillary	Approved	2		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSPECIFIED DISLOCATION OF RIGHT SHOULDER JOINT, INIT ENCNTNTR	Ancillary	Approved	1		0		0
SO ACRO/CLAV CAN WEB PRE OTS	UNSPECIFIED INJURY OF LEFT ELBOW, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0

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SO ACRO/CLAV CAN WEB PRE OTS	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
SOCIAL WORK VISIT, IN THE HO	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Ancillary	Denied	1	Services are not medically necessary	1		0
SOCIAL WORK VISIT, IN THE HO	END STAGE RENAL DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
SOCKET INSERT W LOCK MECH	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
SOCKET INSERT W/O LOCK MECH	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
SOD SULFACET-SULFUR 10-5% CLSR	ACNE VULGARIS	Physician Assistant	Approved	1		0		0
SODIUM BICARB 10 GRAIN TABLET	OTH DISORDERS RESULTING FROM IMPAIRED RENAL TUBULAR FUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SODIUM CHLORIDE 7% VIAL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	1		0		0
SOFOSBUVIR-VELPATASVIR 400-100		Gastroenterology	Approved	2		0		0
SOFOSBUVIR-VELPATASVIR 400-100		Physician	Approved	1		0		0
SOFOSBUVIR-VELPATASVIR 400-100	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	11		0		0
SOFOSBUVIR-VELPATASVIR 400-100	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	1	Services are not medically necessary	1		0
SOFOSBUVIR-VELPATASVIR 400-100	CHRONIC VIRAL HEPATITIS C	Physician	Approved	3		0		0
SOFOSBUVIR-VELPATASVIR 400-100	CHRONIC VIRAL HEPATITIS C	Physician Assistant	Approved	2		0		0
SOFT INTERFACE ABOVE KNEE SE	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
SOFT INTERFACE BELOW KNEE SE	ACUTE PHARYNGITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
Soft Tissue Sarcoma	Malignant neoplasm of connective and soft tissue of thorax	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Soft Tissue Sarcoma	Malignant neoplasm of connective and soft tissue, unspecified	RADIATION ONCOLOGY	Approved	1		0		0
SOLARAZE 3% GEL	PLANTAR FASCIAL FIBROMATOSIS	Podiatry	Denied	1	Services are not medically necessary	1		0
SOLID ORGAN TRANSPL PKG	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Facility	Approved	1		0		0
SOLID ORGAN TRANSPL PKG	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	1		0		0
SOLID ORGAN TRANSPL PKG	END STAGE RENAL DISEASE	Facility	Approved	5		0		0
SOLID ORGAN TRANSPL PKG	OTHER FORMS OF DYSPNEA	Facility	Approved	1		0		0
SOLIRIS 300 MG/30 ML VIAL	HEMOLYTIC-UREMIC SYNDROME	Pediatric Nephrology	Approved	1		0		0
SOLIRIS 300 MG/30 ML VIAL	NEUROMYELITIS OPTICA [DEVIC]	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SOLODYN ER 105 MG TABLET	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
SOLODYN ER 80 MG TABLET	ACNE VULGARIS	Dermatology	Denied	5	Services are not medically necessary	5		0
SOLODYN ER 80 MG TABLET	FOLLICULAR DISORDER, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
SOLOSEC 2 GM GRANULE PACKET	OVERACTIVE BLADDER	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Multi-Specialty Group	Approved	1		0		0
SOMATOSENSORY TESTING	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	2		0		0
SOMATOSENSORY TESTING	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Surgery, Orthopedic	Approved	2		0		0
SOMATOSENSORY TESTING	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
SOMATOSENSORY TESTING	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Physical Medicine	Approved	1		0		0
SOMATOSENSORY TESTING	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Multi-Specialty Group	Approved	1		0		0
SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	2		0		0
SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	2		0		0
SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
SOMATOSENSORY TESTING	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
SOMATOSENSORY TESTING	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	4		0		0
SOMATOSENSORY TESTING	SPINAL STENOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
SOMATOSENSORY TESTING	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	2		0		0

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SOMATOSENSORY TESTING	SPINAL STENOSIS, CERVICAL REGION	Physical Medicine	Approved	6		0		0
SOMATOSENSORY TESTING	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
SOMATOSENSORY TESTING	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
SOMATOSENSORY TESTING	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
SOMATULINE DEPOT 120 MG/0.5 ML	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SOMATULINE DEPOT 90 MG/0.3 ML	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Approved	1		0		0
SOMAVERT 20 MG VIAL	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Approved	1		0		0
SOMAVERT 25 MG VIAL	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Approved	1		0		0
SOOLANTRA 1% CREAM	OTHER ROSACEA	Physician	Approved	1		0		0
SOOLANTRA 1% CREAM	ROSACEA, UNSPECIFIED	Dermatology	Approved	5		0		0
SOOLANTRA 1% CREAM	ROSACEA, UNSPECIFIED	Physician Assistant	Approved	1		0		0
SORILUX 0.005% FOAM	LOCALIZED SCLERODERMA [MORPHEA]	Dermatology	Denied	1	Services are not medically necessary	1		0
SORILUX 0.005% FOAM	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	ARTHRODESIS STATUS	Surgery, Orthopedic	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	3		0		0
SP BONE AGRFT LOCAL ADD-ON	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	LOW BACK PAIN	Ancillary	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER BURSAL CYST, OTHER SITE	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, SEQUELA	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	6		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	4		0		0
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	7		0		0

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SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEIN OF UNSP LOW EXTRM	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	2		0		0
SP BONE AGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT MORSEL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	3		0		0
SP BONE AGRFT MORSEL ADD-ON	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE AGRFT STRUCT ADD-ON	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT STRUCT ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	2		0		0
SP BONE ALGRFT MORSEL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	ADULT OSTEOCHONDROSIS OF SPINE, THORACIC REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	ARTHRODESIS STATUS	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	ARTHRODESIS STATUS	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	ARTHRODESIS STATUS	Surgery, Orthopedic	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	4		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Approved	2		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0

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SP BONE ALGRFT MORSEL ADD-ON	CERVICALGIA	Facility	Approved	3		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICALGIA	Facility	Denied	2	Services are not medically necessary	2		0
SP BONE ALGRFT MORSEL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	Facility	Approved	2		0		0
SP BONE ALGRFT MORSEL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	LOW BACK PAIN	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	NEOPLASM OF UNSP BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	4		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, SEQUELA	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	3	Services are not medically necessary	3		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	10		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	General Practice	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	PAIN IN THORACIC SPINE	Facility	Approved	1		0		0

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SP BONE ALGRFT MORSEL ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	3	Services are not medically necessary	3		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	14		0		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Denied	4	Services are not medically necessary	4		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	Other	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Approved	4		0		0
SP BONE ALGRFT MORSEL ADD-ON	SCIATICA, LEFT SIDE	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL INSTABILITIES, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL INSTABILITIES, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	13		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	3	Services are not medically necessary	3		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	3	Services are not medically necessary	3		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Anesthesiology	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	3		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	3	Services are not medically necessary	3		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	General Practice	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Surgery, Orthopedic	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	7		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	4		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	4		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	WEAKNESS	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	ARTHRODESIS STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	CERVICAL DISC DISORDER W RADICULOPATHY, MID-CERVICAL REGION	Facility	Approved	2		0		0
SP BONE ALGRFT STRUCT ADD-ON	CERVICALGIA	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	HEADACHE	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0

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SP BONE ALGRFT STRUCT ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	3	Services are not medically necessary	3		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER SECONDARY KYPHOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	PAIN IN THORACIC SPINE	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	5		0		0
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	3	Services are not medically necessary	3		0
SP BONE ALGRFT STRUCT ADD-ON	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	SPONDYLOLYSIS, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SPECIAL EYE EXAM SUBSEQUENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	Approved	2		0		0
SPECIAL EYE EXAM SUBSEQUENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	6		0		0
SPECIAL EYE EXAM SUBSEQUENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	Approved	2		0		0
SPECIAL EYE EXAM SUBSEQUENT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, R EYE	OPHTHALMOLOGY	Approved	1		0		0
SPECIAL EYE EXAM SUBSEQUENT	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	3		0		0
SPECIAL RADIATION TREATMENT	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	Facility	Approved	1		0		0
SPECIAL RADIATION TREATMENT	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	HOSPITAL	Approved	1		0		0
SPECIAL RADIATION TREATMENT	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
SPECIAL RADIATION TREATMENT	MULTIPLE MYELOMA IN RELAPSE	HOSPITAL	Approved	1		0		0
SPECIAL RADIATION TREATMENT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
SPECIAL RADIATION TREATMENT	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	RADIATION ONCOLOGY	Approved	1		0		0
SPEECH SOUND LANG COMPREHEN	AUTISTIC DISORDER	Ancillary	Approved	1		0		0

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SPEECH SOUND LANG COMPREHEN	AUTISTIC DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPEECH SOUND LANG COMPREHEN	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Speech Therapy	Denied	2	Services are not medically necessary	2		0
SPEECH SOUND LANG COMPREHEN	PHONOLOGICAL DISORDER	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SPEECH THERAPY, IN THE HOME,	AUTISTIC DISORDER	Speech Therapy	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	Speech Therapy	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH THERAPY, IN THE HOME,	DYSPHAGIA, ORAL PHASE	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH THERAPY, IN THE HOME,	DYSPHAGIA, OROPHARYNGEAL PHASE	Ancillary	Approved	3		0		0
SPEECH THERAPY, IN THE HOME,	DYSPHAGIA, OROPHARYNGEAL PHASE	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH THERAPY, IN THE HOME,	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
SPEECH THERAPY, IN THE HOME,	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
SPEECH THERAPY, IN THE HOME,	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH THERAPY, IN THE HOME,	FEEDING DIFFICULTIES	Ancillary	Approved	3		0		0
SPEECH THERAPY, IN THE HOME,	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
SPEECH THERAPY, IN THE HOME,	PHONOLOGICAL DISORDER	Pediatric Otolaryngology	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Ancillary	Approved	1		0		0
SPEECH THERAPY, IN THE HOME, PER DIEM	Chronic obstructive pulmonary disease, unspecified	Emergency Medicine		0		0	Approved	1
SPEECH THERAPY, IN THE HOME, PER DIEM	DYSPHAGIA, OROPHARYNGEAL PHASE	Emergency Medicine		0		0	Denied	1
SPEECH THERAPY, RE-EVAL	DELAYED MILESTONE IN CHILDHOOD	Ancillary	Approved	1		0		0
SPEECH/HEARING EVALUATION; EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION & EXPRESSION;	F80.0 - Articulation disorder	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	ACQUIRED DEFORMITY OF NECK	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	ACUTE SEROUS OTITIS MEDIA, UNSPECIFIED EAR	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	ANGELMAN SYNDROME	Ancillary	Approved	3		0		0
SPEECH/HEARING THERAPY	ANKYLOGLOSSIA	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	APHASIA	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	APRAXIA	Ancillary	Approved	11		0		0
SPEECH/HEARING THERAPY	APRAXIA	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	ATHETOID CEREBRAL PALSY	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Ancillary	Approved	76		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Ancillary	Denied	5	Services are not medically necessary	5		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Facility	Approved	8		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Family Medicine	Approved	3		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Multi-Specialty Group	Approved	4		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Occupational Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Pediatrics	Approved	2		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Pediatrics	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Speech Therapy	Approved	22		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Speech Therapy	Denied	6	Services are not medically necessary	6		0
SPEECH/HEARING THERAPY	CELLULITIS OF ABDOMINAL WALL	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CENTRAL AUDITORY PROCESSING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	CENTRAL AUDITORY PROCESSING DISORDER	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART	Facility	Approved	1		0		0

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SPEECH/HEARING THERAPY	CEREB INFRC DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP PRECERB ART	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP CEREBRAL ARTERY	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	4		0		0
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	CEREBRAL INFRC DUE TO THOMBOS OF LEFT ANT CEREBRAL ARTERY	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CEREBRAL INFRC DUE TO THOMBOS UNSP MIDDLE CEREBRAL ARTERY	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	CEREBRAL PALSY, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	Physician Assistant	Approved	1		0		0
SPEECH/HEARING THERAPY	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	CHRONIC SEROUS OTITIS MEDIA, UNSPECIFIED EAR	Ancillary	Approved	5		0		0
SPEECH/HEARING THERAPY	CHRONIC SEROUS OTITIS MEDIA, UNSPECIFIED EAR	Pediatrics	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	CLEFT HARD AND SOFT PALATE WITH BILATERAL CLEFT LIP	Multi-Specialty Group	Approved	1		0		0
SPEECH/HEARING THERAPY	COGNITIVE COMMUNICATION DEFICIT	Facility	Approved	4		0		0
SPEECH/HEARING THERAPY	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CONDUCTIVE HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	CONDUCTIVE HEARING LOSS, UNSPECIFIED	Ancillary	Approved	8		0		0
SPEECH/HEARING THERAPY	CONFLAGRATION IN PRIVATE DWELLING	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	CONGENITAL HYDROCEPHALUS, UNSPECIFIED	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	CONGENITAL HYPOTHYROIDISM WITHOUT GOITER	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	CONGENITAL HYPOTONIA	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	CONVERSION DISORDER WITH SENSORY SYMPTOM OR DEFICIT	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Ancillary	Approved	22		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Ancillary	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Counseling	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Family Medicine	Approved	1		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Occupational Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Occupational Therapy	Denied	3	Services are not medically necessary	3		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Physician Assistant	Approved	1		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Social Work	Approved	1		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	Speech Therapy	Denied	3	Services are not medically necessary	3		0
SPEECH/HEARING THERAPY	DENTAL CARIES, UNSPECIFIED	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	24		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	6	Services are not medically necessary	6		0

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SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Facility	Approved	19		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Multi-Specialty Group	Approved	2		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Occupational Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Occupational Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Pediatrics	Approved	3		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Physician Assistant	Approved	1		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Social Work	Approved	1		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Speech Therapy	Approved	6		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Speech Therapy	Denied	3	Services are not medically necessary	3		0
SPEECH/HEARING THERAPY	DI GEORGE'S SYNDROME	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	DIFFUSE TBI W LOC OF UNSP DURATION, SEQUELA	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	DIFFUSE TBI W/O LOSS OF CONSCIOUSNESS, INIT	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	DISORDER OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	DIZZINESS AND GIDDINESS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	7		0		0
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPHAGIA, ORAL PHASE	Ancillary	Approved	3		0		0
SPEECH/HEARING THERAPY	DYSPHAGIA, ORAL PHASE	Facility	Approved	4		0		0
SPEECH/HEARING THERAPY	DYSPHAGIA, ORAL PHASE	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPHAGIA, OROPHARYNGEAL PHASE	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPHASIA	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPHONIA	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DYSPHONIA	Facility	Approved	5		0		0
SPEECH/HEARING THERAPY	DYSPHONIA	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
SPEECH/HEARING THERAPY	DYSPHONIA	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DYSPNEA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
SPEECH/HEARING THERAPY	EDEMA OF LARYNX	Other	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	EDEMA OF LARYNX	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSD ELSWHR	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	ENCEPHALOPATHY, UNSPECIFIED	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	ENCNTR FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	EOSINOPHILIC ESOPHAGITIS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	18		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Denied	4	Services are not medically necessary	4		0

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SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Facility	Approved	8		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Family Medicine	Approved	1		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Physical Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Speech Therapy	Approved	6		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Speech Therapy	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	FAILURE TO THRIVE (CHILD)	Ancillary	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	FEEDING DIFFICULTIES	Ancillary	Approved	3		0		0
SPEECH/HEARING THERAPY	FEEDING DIFFICULTIES	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	FEEDING DIFFICULTIES	Occupational Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	HYPOPLASTIC LEFT HEART SYNDROME	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	LARYNGEAL SPASM	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ, NOT NTRCT, W STAT EPI	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	LYME DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	MALIGNANT NEOPLASM OF CEREBELLUM	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	METABOLIC ENCEPHALOPATHY	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	METABOLIC ENCEPHALOPATHY	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	45		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Denied	5	Services are not medically necessary	5		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Facility	Approved	19		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Family Medicine	Approved	4		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Occupational Therapy	Approved	5		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Occupational Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Pathology	Approved	1		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Pediatrics	Approved	3		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Pediatrics	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Physical Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Speech Therapy	Approved	25		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Speech Therapy	Denied	5	Services are not medically necessary	5		0
SPEECH/HEARING THERAPY	MULTIPLE SCLEROSIS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	NODULES OF VOCAL CORDS	Ancillary	Approved	3		0		0
SPEECH/HEARING THERAPY	NODULES OF VOCAL CORDS	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	NODULES OF VOCAL CORDS	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	NODULES OF VOCAL CORDS	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	NONTRAUMATIC INTCRBL HEMORRHAGE IN HEMISPHERE, CORTICAL	Facility	Approved	1		0		0

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SPEECH/HEARING THERAPY	NONTRAUMATIC INTCRBL HEMORRHAGE IN HEMISPHERE, SUBCORTICAL	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	ORTHOSTATIC PROTEINURIA, UNSPECIFIED	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	OTH DISRD OF EUSTACHIAN TUBE, UNSPECIFIED EAR	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER ARTIFICIAL OPENING STATUS	Pediatric Nurse Practitioner	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER CEREBRAL INFARCTION	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER CEREBROVASCULAR DISEASE	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER CONGENITAL MALFORMATIONS OF PHARYNX	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER CONGENITAL MALFORMATIONS OF TONGUE	Ancillary	Approved	4		0		0
SPEECH/HEARING THERAPY	OTHER DELETIONS FROM THE AUTOSOMES	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER DENTOFACIAL FUNCTIONAL ABNORMALITIES	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Ancillary	Approved	7		0		0
SPEECH/HEARING THERAPY	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	OTHER DISEASES OF LARYNX	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Occupational Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Facility	Approved	4		0		0
SPEECH/HEARING THERAPY	OTHER HYPOGLYCEMIA	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPECIFIED CONGENITAL MALFORMATIONS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Ancillary	Approved	8		0		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Ancillary	Denied	3	Services are not medically necessary	3		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Physician Assistant	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Speech Therapy	Approved	3		0		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	Counseling	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	Facility	Approved	6		0		0
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	Facility	Denied	1	Services are not medically necessary	1		0

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SPEECH/HEARING THERAPY	OTHER VOICE AND RESONANCE DISORDERS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER VOICE AND RESONANCE DISORDERS	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	OTHER VOICE AND RESONANCE DISORDERS	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	PARKINSON'S DISEASE	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Ancillary	Approved	29		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Ancillary	Denied	5	Services are not medically necessary	5		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Facility	Approved	11		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Family Medicine	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Occupational Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Speech Therapy	Approved	6		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Speech Therapy	Denied	3	Services are not medically necessary	3		0
SPEECH/HEARING THERAPY	PHRENIC NERVE PARALYSIS DUE TO BIRTH INJURY	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	PLEURODYNIA	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	POSTPROCEDURAL HYPOTHYROIDISM	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	QUADRIPLEGIA, C1-C4 COMPLETE	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	QUADRIPLEGIA, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	REPEATED FALLS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	SENSORINEURAL HEARING LOSS, BILATERAL	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
SPEECH/HEARING THERAPY	SHORTNESS OF BREATH	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	SLURRED SPEECH	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	SOCIAL PRAGMATIC COMMUNICATION DISORDER	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	SOCIAL PRAGMATIC COMMUNICATION DISORDER	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	SOCIAL PRAGMATIC COMMUNICATION DISORDER	Speech Therapy	Denied	3	Services are not medically necessary	3		0
SPEECH/HEARING THERAPY	SPASTIC DIPLEGIC CEREBRAL PALSY	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Counseling	Approved	1		0		0
SPEECH/HEARING THERAPY	SPEECH AND LANGUAGE DEVELOPMENT DELAY DUE TO HEARING LOSS	Ancillary	Approved	5		0		0
SPEECH/HEARING THERAPY	SPEECH AND LANGUAGE DEVELOPMENT DELAY DUE TO HEARING LOSS	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	SPEECH AND LANGUAGE DEVELOPMENT DELAY DUE TO HEARING LOSS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	SPINA BIFIDA, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	TRAUM SUBDR HEM W LOC OF UNSP DURATION, SEQUELA	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	TRAUM SUBRAC HEM W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	TUBEROUS SCLEROSIS	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Approved	3		0		0
SPEECH/HEARING THERAPY	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Approved	6		0		0

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SPEECH/HEARING THERAPY	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	UNSPECIFIED LACK OF COORDINATION	Ancillary	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES	Ancillary	Approved	4		0		0
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES	Facility	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	UNSPECIFIED SYMBOLIC DYSFUNCTIONS	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	UNSPECIFIED SYMBOLIC DYSFUNCTIONS	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	VENTRICULAR SEPTAL DEFECT	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY; EVAL OF SPEECH WITH EVALUATION OF LANGUAGE COMPREHENSION & EXPRESSION; EVA	R13.10 - Dysphagia, unspecified	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY; OFFICE/OUTPATIENT VISIT, EST	F80.2 - Mixed receptive-expressive language disorder	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY; ORAL FUNCTION THERAPY; OFFICE/OUTPATIENT VISIT, EST	I69.920 - Aphasia following unspecified cerebrovascular disease; R13.10 - Dysphagia, unspecified; R27.8 - Other lack of coordination	Speech Therapy	Approved	1		0		0
SPERM ISOLATION SIMPLE	FEMALE INFERTILITY OF OTHER ORIGIN	Ancillary	Approved	1		0		0
SPINAL DISK SURGERY ADD-ON	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	HOSPITAL	Approved	2		0		0
SPINAL DISK SURGERY ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINAL ORTHOSIS NOS	PECTUS CARINATUM	Ancillary	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	ADULT OSTEOCHONDROSIS OF SPINE, THORACIC REGION	Other	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	ARTHRODESIS STATUS	Facility	Denied	2	Services are not medically necessary	2		0
SPINE FUSION EXTRA SEGMENT	CERVICALGIA	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	CONGENITAL SPONDYLOLISTHESIS	Facility	Denied	2	Services are not medically necessary	2		0
SPINE FUSION EXTRA SEGMENT	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
SPINE FUSION EXTRA SEGMENT	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Other	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	3	Services are not medically necessary	3		0
SPINE FUSION EXTRA SEGMENT	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	General Practice	Approved	1		0		0

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SPINE FUSION EXTRA SEGMENT	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
SPINE FUSION EXTRA SEGMENT	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	SPINAL INSTABILITIES, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	3		0		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	6	Services are not medically necessary	6		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, Neurological	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	3		0		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	4	Services are not medically necessary	4		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	General Practice	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Surgery, Orthopedic	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	Ancillary	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	WEAKNESS	Facility	Approved	1		0		0
SPINE SURGERY PROCEDURE	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Other	Approved	1		0		0
SPINE SURGERY PROCEDURE	LEFT VENTRICULAR FAILURE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SPINE SURGERY PROCEDURE	LOW BACK PAIN	Facility	Denied	3	Services are not medically necessary	3		0
SPINE SURGERY PROCEDURE	OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE SURGERY PROCEDURE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
SPINE SURGERY PROCEDURE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE SURGERY PROCEDURE	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINRAZA	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Emergency Medicine		0		0	Approved	1
SPIRIVA	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine		0		0	Approved	1
SPIRIVA	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine		0		0	Approved	1
SPIRIVA 18 MCG CP-HANDIHALER	CENTRILOBULAR EMPHYSEMA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	CHR OBSTRUCTIVE PULMON DISEASE WITH (ACUTE) LOWER RESP INFCT	Physician Assistant	Approved	1		0		0
SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0

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SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Denied	4	Services are not medically necessary	4		0
SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
SPIRIVA 18 MCG CP-HANDIHALER	COUGH	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	EMPHYSEMA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	SARCOIDOSIS OF LUNG	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Critical Care Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT	Moderate persistent asthma with (acute) exacerbation	Gastroenterology		0		0	Approved	1
SPIRIVA RESPIMAT	SARCOIDOSIS, UNSPECIFIED	Neurology		0		0	Approved	1
SPIRIVA RESPIMAT	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Obstetrics/Gynecology		0		0	Approved	1
SPIRIVA RESPIMAT 1.25 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Physician	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Critical Care Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	OTHER GENERAL SYMPTOMS AND SIGNS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatric Pulmonology	Approved	2		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
SPIRIVA RESPIMAT 1.25 MCG INH	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH		Pulmonary Disease	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH		Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Pulmonary Disease	Denied	2	Services are not medically necessary	2		0
SPIRIVA RESPIMAT 2.5 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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SPIRIVA RESPIMAT 2.5 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	3		0		0
SPIRIVA RESPIMAT 2.5 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	5	Services are not medically necessary	5		0
SPIRIVA RESPIMAT 2.5 MCG INH	COUGH	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	DYSPNEA, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	SIMPLE CHRONIC BRONCHITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	SIMPLE CHRONIC BRONCHITIS	Family Medicine	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	ACQUIRED ABSENCE OF OTHER ORGANS	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHEST PAIN, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	DYSPNEA, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HEADACHE	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HEART TRANSPLANT STATUS	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	10	Services are not medically necessary	10		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	INSOMNIA, UNSPECIFIED	Respiratory	Approved	4		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	INSOMNIA, UNSPECIFIED	Respiratory	Denied	3	Services are not medically necessary	3		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Denied	2	Services are not medically necessary	2		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	43		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	228	Services are not medically necessary	228		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER FATIGUE	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER FORMS OF DYSPNEA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER HYPERSOMNIA	Respiratory	Denied	5	Services are not medically necessary	5		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER INSOMNIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER PARASOMNIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SLEEP DISORDERS	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PARASOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PARASOMNIA, UNSPECIFIED	Respiratory	Denied	3	Services are not medically necessary	3		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PARKINSON'S DISEASE	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	REM SLEEP BEHAVIOR DISORDER	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	9		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	25	Services are not medically necessary	25		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	2		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Approved	4		0		0

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SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Denied	8	Services are not medically necessary	8		0
SPRAVATO	Major depressive disorder, recurrent severe without psychotic features	Internal Medicine		0		0	Approved	1
SPRAVATO 56 MG DOSE PACK		Psychiatry	Denied	1	Services are not medically necessary	1		0
SPRAVATO 56 MG DOSE PACK	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
SPRAVATO 56 MG DOSE PACK	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
SPRAVATO 56 MG DOSE PACK	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
SPRAVATO 84 MG DOSE PACK	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	1		0		0
SPRAVATO 84 MG DOSE PACK	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
SPRAVATO 84 MG DOSE PACK	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	3	Services are not medically necessary	3		0
SPRIX 15.75 MG NASAL SPRAY	PILONIDAL CYST WITHOUT ABSCESS	Surgery, Colon And Rectal	Denied	1	Services are not medically necessary	1		0
SPRYCEL 100 MG TABLET	ATYP CHRONIC MYELOID LEUK, BCR/ABL-NEG, NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
SPRYCEL 100 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Hematology	Approved	4		0		0
SPRYCEL 100 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Pediatric Hematology/Oncology	Approved	1		0		0
SPRYCEL 50 MG TABLET	ATYP CHRONIC MYELOID LEUK, BCR/ABL-NEG, NOT ACHIEVE REMIS	Internal Medicine	Approved	1		0		0
SPRYCEL 50 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
SPRYCEL 50 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Internal Medicine	Approved	1		0		0
SPRYCEL 50 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Approved	1		0		0
SPRYCEL 50 MG TABLET	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION	Hematology	Approved	1		0		0
SPRYCEL 50 MG TABLET	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	Oncology	Denied	1	Services are not medically necessary	1		0
SPRYCEL 70 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Approved	2		0		0
SRS CRANIAL LESION COMPLEX	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
SSD 1% CREAM	BURN SECOND DEGREE OF HEAD, FACE, AND NECK, UNSP SITE, INIT	Surgery, Oral And Maxillofacial	Approved	1		0		0
SSD 1% CREAM	CELLULITIS OF RIGHT LOWER LIMB	Family Medicine	Approved	1		0		0
SSD 1% CREAM	GEN SKIN ERUPTION DUE TO DRUGS AND MEDS TAKEN INTERNALLY	Radiation Oncology	Approved	1		0		0
SSD 1% CREAM	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
SSD 1% CREAM	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Radiation Oncology	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	Surgery, Thoracic	Approved	4		0		0
STAB PHLEB VEINS XTR 10-20	ASYMPTOMATIC VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	CERVICALGIA	Surgery, General	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Surgery, Vascular	Approved	1		0		0

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STAB PHLEB VEINS XTR 10-20	CRAMP AND SPASM	Family Medicine	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	PAIN IN LEFT LEG	Surgery, General	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	PAIN IN LEFT LOWER LEG	Ancillary	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	PAIN IN LEFT LOWER LEG	Surgery, Plastic	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	PAIN IN RIGHT LOWER LEG	Ancillary	Approved	4		0		0
STAB PHLEB VEINS XTR 10-20	PAIN IN RIGHT LOWER LEG	Family Medicine	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	PAIN IN RIGHT LOWER LEG	Surgery, Plastic	Approved	5		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Facility	Approved	3		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Nephrology	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Radiology	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	3		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiovascular Disease	Approved	5		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Facility	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH ULCER OF ANKLE	Facility	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Dermatology	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	17		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Facility	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Ancillary	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Surgery, Thoracic	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	3		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	3		0		0

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STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology, Diagnostic	Approved	3		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	6		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Thoracic	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	3		0		0
STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	ASYMPTOMATIC VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY	Physician		0		0	Denied	1
STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	PAIN IN RIGHT LOWER LEG	Vascular & Interventional Radiology		0		0	Approved	1
STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	Pain Management		0		0	Denied	1
STANDARD WHEELCHAIR	ADULT FAILURE TO THRIVE	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	ANEURYSMAL BONE CYST, RIGHT THIGH	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	CONGENITAL TALIPES EQUINOVARUS	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	DISPLACED TRANSVERSE FX SHAFT OF LEFT FEMUR, SEQUELA	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	KLIPPEL-FEIL SYNDROME	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	NONDISPLACED SPIRAL FRACTURE OF SHAFT OF RIGHT TIBIA, INIT	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	RECTAL ABSCESS	Ancillary	Approved	2		0		0
STANDARD WHEELCHAIR	TURNER'S SYNDROME, UNSPECIFIED	Ancillary	Approved	1		0		0
STANDARD WHEELCHAIR	UNSP FRACTURE OF SHAFT OF LEFT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
STATIC OR DYNAMI AFO PRE CST	ACHILLES TENDINITIS, LEFT LEG	Ancillary	Approved	1		0		0
STATIC OR DYNAMI AFO PRE CST	PAIN IN RIGHT FOOT	Ancillary	Approved	2		0		0
STATIONARY COMPRESSED GAS 02	CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE	Ancillary	Approved	1		0		0
STATIONARY COMPRESSED GAS 02	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	Ancillary	Approved	1		0		0
STEGLATRO 15 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
STEGLATRO 15 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	2	Services are not medically necessary	2		0
STEGLATRO 15 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
STEGLATRO 5 MG TABLET	HYPERGLYCEMIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
STEGLATRO 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
STEGLATRO 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
STEGLATRO 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Denied	1	Services are not medically necessary	1		0
STEGLUJAN 5-100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
STELARA		Sleep Medicine		0		0	Approved	1
STELARA	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	Internal Medicine		0		0	Approved	1
STELARA	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	Pediatrics		0		0	Denied	1
STELARA	CROHN'S DISEASE, UNSPECIFIED	Physician		0		0	Approved	1
STELARA 45 MG/0.5 ML SYRINGE		Dermatology	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE		Pediatric Dermatology	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0

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STELARA 45 MG/0.5 ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
STELARA 45 MG/0.5 ML SYRINGE	OTHER PSORIASIS	Dermatology	Approved	6		0		0
STELARA 45 MG/0.5 ML SYRINGE	OTHER PSORIASIS	Internal Medicine	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	17		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	2		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	2		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
STELARA 45 MG/0.5 ML VIAL	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
STELARA 45 MG/0.5 ML VIAL	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE		Dermatology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE		Gastroenterology	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W ABSCESS	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Gastroenterology	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Surgery, Colon And Rectal	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Gastroenterology	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Denied	3	Services are not medically necessary	3		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Gastroenterology	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	3		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Pediatric Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Pediatric Gastroenterology	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	7		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Physician Assistant	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA	Family Nurse Practitioner	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	10		0		0

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STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Pediatrics	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	OTHER PSORIASIS	Dermatology	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	17		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	6		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
STELARA 90 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Family Nurse Practitioner	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Physician	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
STENDRA 100 MG TABLET	MALE ERECTILE DISORDER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
STENDRA 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
STENDRA 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
STENDRA 200 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
STENDRA 200 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	3		0		0
STENT PLMT CTR DIALYSIS SEG	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
STEREOSCOPIC X-RAY GUIDANCE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	2		0		0
STEREOSCOPIC X-RAY GUIDANCE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
STERILE GAUZE <= 16 SQ IN	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
STERILE NEEDLE	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
STERILE NEEDLE	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	1		0		0
STERILE NEEDLE	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Ancillary	Approved	2		0		0
STERILE NEEDLE	NONTOXIC GOITER, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
STERILE NEEDLE	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	1		0		0
STERILE NEEDLE	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Approved	1		0		0
STERILE NEEDLE	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	Ancillary	Approved	1		0		0
STERILE NEEDLE	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
STERILE NEEDLE	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Approved	2		0		0
STERILE NEEDLE	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Approved	1		0		0
STERILE NEEDLE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
STIMATE 1.5 MG/ML NASAL SPRAY	VON WILLEBRAND'S DISEASE	Hematology	Approved	1		0		0
STIMULATION PACING HEART	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	Facility	Approved	1		0		0
STIMULATION PACING HEART	ATYPICAL ATRIAL FLUTTER	Facility	Approved	2		0		0
STIMULATION PACING HEART	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
STIMULATION PACING HEART	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
STIMULATION PACING HEART	PALPITATIONS	Facility	Approved	2		0		0

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STIMULATION PACING HEART	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	17		0		0
STIMULATION PACING HEART	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	2	Services are not medically necessary	2		0
STIMULATION PACING HEART	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	11		0		0
STIMULATION PACING HEART	PRE-EXCITATION SYNDROME	Facility	Approved	6		0		0
STIMULATION PACING HEART	PRE-EXCITATION SYNDROME	Pediatric Cardiology	Approved	1		0		0
STIMULATION PACING HEART	SUICIDAL IDEATIONS	Facility	Approved	1		0		0
STIMULATION PACING HEART	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	14		0		0
STIMULATION PACING HEART	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
STIMULATION PACING HEART	TYPICAL ATRIAL FLUTTER	Facility	Approved	2		0		0
STIMULATION PACING HEART	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	3		0		0
STIMULATION PACING HEART	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	6		0		0
STIMULATION PACING HEART	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
STIOLTO RESPIMAT INHAL SPRAY	BRONCHIECTASIS, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
STIOLTO RESPIMAT INHAL SPRAY	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
STIOLTO RESPIMAT INHAL SPRAY	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	2		0		0
STIOLTO RESPIMAT INHAL SPRAY	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	3	Services are not medically necessary	3		0
STIOLTO RESPIMAT INHAL SPRAY	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
STIVARGA 40 MG TABLET	MALIG NEOPLASM OF OVRLP SITES OF RECTUM, ANUS AND ANAL CANAL	Hematology	Approved	1		0		0
STIVARGA 40 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Hematology	Approved	1		0		0
STIVARGA 40 MG TABLET	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Internal Medicine	Approved	1		0		0
STIVARGA 40 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Hematology	Approved	1		0		0
STIVARGA 40 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Internal Medicine	Approved	1		0		0
STIVARGA 40 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Oncology	Approved	1		0		0
STND WT PWR WHLCHR W CONTROL	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
STOMACH SURGERY PROCEDURE	ACHALASIA OF CARDIA	Facility	Denied	1	Services are not medically necessary	1		0
STOMACH SURGERY PROCEDURE	ACUTE ISCHEMIA OF INTESTINE, PART AND EXTENT UNSPECIFIED	Facility	Approved	1		0		0
STR MARKERS SPECIMEN ANAL	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
STRAIGHT TIP URINE CATHETER	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
STRAIGHT TIP URINE CATHETER	UNSPECIFIED URINARY INCONTINENCE	Ancillary	Approved	1		0		0
STRATTERA 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
STRATTICE TM	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Denied	1	Services are not medically necessary	1		0
STRENSIQ 80 MG/0.8 ML VIAL	DISORDER OF PHOSPHORUS METABOLISM, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	13		0		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	14		0		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	1		0		0
STRESS TTE COMPLETE	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	1		0		0

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STRESS TTE COMPLETE	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	HOSPITAL	Approved	1		0		0
STRESS TTE COMPLETE	ACUTE CHRON SYSTOLIC HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	AGE-RELATED NUCLEAR CATARACT BILATERAL	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	5		0		0
STRESS TTE COMPLETE	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ANGINA PECTORIS UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
STRESS TTE COMPLETE	ANGINA PECTORIS WITH DOCUMENTED SPASM	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	10		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	14		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	2		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ATRIAL PREMATURE DEPOLARIZATION	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	ATRIAL PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	ATRIAL SEPTAL DEFECT	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	BRADYCARDIA UNSPECIFIED	CARDIOLOGIST	Approved	3		0		0
STRESS TTE COMPLETE	BRADYCARDIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	CARDIAC ARRHYTHMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	CARDIAC ARRHYTHMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	CARDIAC ARRHYTHMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CARDIAC ARRHYTHMIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CARDIAC MURMUR UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	CARDIAC MURMUR UNSPECIFIED	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0

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STRESS TTE COMPLETE	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CARDIAC MURMUR UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CARDIOMEGALY	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	CARDIOMEGALY	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	CHEST PAIN ON BREATHING	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	CHEST PAIN ON BREATHING	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	26		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	6	Services are not medically necessary	6		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	32		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	11	Services are not medically necessary	11		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	7		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	OTHER	Approved	1		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
STRESS TTE COMPLETE	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	COUGH	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
STRESS TTE COMPLETE	CREST SYNDROME	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	DILATED CARDIOMYOPATHY	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	DISORDER OF THYROID UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	DIZZINESS AND GIDDINESS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED	CARDIOLOGIST	Approved	4		0		0
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	4		0		0
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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STRESS TTE COMPLETE	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	41		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Denied	17	Services are not medically necessary	17		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	4		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	31		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	15	Services are not medically necessary	15		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	2		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	8		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	17		0		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	19		0		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
STRESS TTE COMPLETE	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	3		0		0
STRESS TTE COMPLETE	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	HYPOTHYROIDISM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	HYPOVOLEMIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	LEFT ANTERIOR FASCICULAR BLOCK	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	MALIGNANT NEOPLASM OF PROSTATE	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0

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STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	18		0		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Denied	12	Services are not medically necessary	12		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	20		0		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR SURGERY	Approved	1		0		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR SURGERY	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Approved	3		0		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	MUSCLE WEAKNESS GENERALIZED	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	NICOTINE DEPENDENCE UNSPECIFIED IN REMISSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OBESITY UNSPECIFIED	CARDIOLOGIST	Approved	6		0		0
STRESS TTE COMPLETE	OBESITY UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	5		0		0
STRESS TTE COMPLETE	OBESITY UNSPECIFIED	HOSPITAL	Approved	1		0		0
STRESS TTE COMPLETE	OBESITY UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
STRESS TTE COMPLETE	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OLD MYOCARDIAL INFARCTION	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	OTH SPECIFIED CONGENITAL MALFORMATIONS OF HEART	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOLOGIST	Approved	7		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOLOGIST	Denied	7	Services are not medically necessary	7		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	14		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	9	Services are not medically necessary	9		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	Facility	Approved	1		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	3		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	OTHER	Approved	1		0		0
STRESS TTE COMPLETE	OTHER DISORDERS OF PHOSPHORUS METABOLISM	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER FATIGUE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Approved	4		0		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OTHER OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER RIGHT BUNDLE-BRANCH BLOCK	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER RIGHT BUNDLE-BRANCH BLOCK	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER SPECIFIED SOFT TISSUE DISORDERS	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	OVERWEIGHT	CARDIOVASCULAR DISEASE	Approved	3		0		0
STRESS TTE COMPLETE	OVERWEIGHT	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PAIN IN LEFT ARM	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	PALPITATIONS	CARDIOLOGIST	Approved	18		0		0
STRESS TTE COMPLETE	PALPITATIONS	CARDIOLOGIST	Denied	20	Services are not medically necessary	20		0
STRESS TTE COMPLETE	PALPITATIONS	CARDIOVASCULAR	Approved	1		0		0
STRESS TTE COMPLETE	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	14		0		0
STRESS TTE COMPLETE	PALPITATIONS	CARDIOVASCULAR DISEASE	Denied	10	Services are not medically necessary	10		0
STRESS TTE COMPLETE	PALPITATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PALPITATIONS	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	PALPITATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PALPITATIONS	NEUROSURGERY	Approved	1		0		0
STRESS TTE COMPLETE	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0

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STRESS TTE COMPLETE	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	4		0		0
STRESS TTE COMPLETE	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	PECTUS EXCAVATUM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	CARDIOLOGIST	Approved	10		0		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	CARDIOLOGIST	Denied	5	Services are not medically necessary	5		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	CARDIOLOGY & INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	10		0		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	INTERNAL MEDICINE	Approved	3		0		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PRE-EXCITATION SYNDROME	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	Pulmonary hypertension, unspecified	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	RHEUMATIC MITRAL VALVE DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	RIGHT FASCICULAR BLOCK	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	SECONDARY POLYCYTHEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	17		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	14	Services are not medically necessary	14		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	9		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Denied	5	Services are not medically necessary	5		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	HOSPITAL	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	2		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	NURSE PRACTITIONER	Approved	1		0		0
STRESS TTE COMPLETE	SICKLE-CELL TRAIT	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	SILENT MYOCARDIAL ISCHEMIA	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	ST ELEVATION MI INVOLV OTH CORONARY ART INF WALL	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	SUPRAVENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	SUPRAVENTRICULAR TACHYCARDIA	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	SYNCOPE AND COLLAPSE	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	CARDIOLOGIST	Denied	7	Services are not medically necessary	7		0
STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0

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STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOVASCULAR SURGERY	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	OTHER	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	12		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR	Approved	3		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	13		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	2		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	5		0		0
STRESS TTE COMPLETE	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	Unknown	CARDIOLOGIST	Approved	8		0		0
STRESS TTE COMPLETE	Unknown	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
STRESS TTE COMPLETE	Unknown	CARDIOLOGY & INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	Unknown	CARDIOVASCULAR DISEASE	Approved	21		0		0
STRESS TTE COMPLETE	Unknown	CARDIOVASCULAR DISEASE	Denied	9	Services are not medically necessary	9		0
STRESS TTE COMPLETE	Unknown	CARDIOVASCULAR SURGERY	Approved	1		0		0
STRESS TTE COMPLETE	Unknown	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	UNSPECIFIED PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	CARDIOVASCULAR DISEASE	Approved	1		0		0

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STRESS TTE COMPLETE	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	UNSTABLE ANGINA	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	VARICOSE VEINS BILATERAL LOWER EXTREM W/PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	VENTRICULAR PREMATURE DEPolarIZATION	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	VENTRICULAR PREMATURE DEPolarIZATION	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	VENTRICULAR PREMATURE DEPolarIZATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	VENTRICULAR PREMATURE DEPolarIZATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	VENTRICULAR SEPTAL DEFECT	Facility	Approved	1		0		0
STRESS TTE COMPLETE	VENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	WEAKNESS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE ONLY	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
STRESS TTE ONLY	HEART FAILURE, UNSPECIFIED	Facility	Approved	2		0		0
STRESS TTE ONLY	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]	Facility	Approved	1		0		0
STRESS TTE ONLY	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	1		0		0
STRESS TTE ONLY	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Facility	Approved	1		0		0
STRESS TTE ONLY	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Facility	Approved	1		0		0
STRESS TTE ONLY	SHORTNESS OF BREATH	Facility	Approved	1		0		0
STRESS TTE ONLY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
STRESS TTE ONLY	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	1		0		0
STRIANT 30 MG MUCOADHESIVE	HORMONE REPLACEMENT THERAPY	Family Medicine	Denied	1	Services are not medically necessary	1		0
STRIANT 30 MG MUCOADHESIVE	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
STRIBILD TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	3		0		0
STRIBILD TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Nurse Practitioner	Approved	1		0		0
SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION	HYPERTROPHY OF TONGUE PAPILLAE	Internal Medicine		0		0	Denied	1
SUBOXONE 2 MG-0.5 MG SL FILM	OPIOID DEPENDENCE, UNCOMPLICATED	Internal Medicine	Approved	1		0		0
SUBOXONE 8 MG-2 MG SL FILM	OPIOID DEPENDENCE, UNCOMPLICATED	Family Medicine	Approved	2		0		0
SUBOXONE 8 MG-2 MG SL FILM	OPIOID DEPENDENCE, UNCOMPLICATED	Physical Medicine	Denied	1	Services are not medically necessary	1		0
SUBOXONE 8 MG-2 MG SL FILM	OPIOID DEPENDENCE, UNCOMPLICATED	Psychiatry	Approved	1		0		0
SUBSEQUENT HOSPITAL CARE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Other	Approved	1		0		0
SUBSTANCE ABUSE INPATIENT	Alcohol abuse, uncomplicated	Behavioral Health Facility	Approved	2		0		0
SUBSTANCE ABUSE INPATIENT	Alcohol dependence with withdrawal, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE INPATIENT	Alcohol dependence with withdrawal, unspecified	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE INPATIENT	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	20		0		0
SUBSTANCE ABUSE INPATIENT	Alcohol dependence, uncomplicated	Behavioral Health Facility	Denied	2	Services are not medically necessary	2		0
SUBSTANCE ABUSE INPATIENT	Cannabis dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE INPATIENT	Cocaine dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0

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SUBSTANCE ABUSE INPATIENT	Inhalant dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE INPATIENT	Opioid dependence, uncomplicated	Behavioral Health Facility	Approved	8		0		0
SUBSTANCE ABUSE INPATIENT	Sedative, hypnotic or anxiolytic dependence, uncomplicated	Behavioral Health Facility	Approved	3		0		0
SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	21		0		0
SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM	Cannabis dependence, uncomplicated	Behavioral Health Facility	Approved	4		0		0
SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM	Opioid dependence, uncomplicated	Behavioral Health Facility	Approved	5		0		0
SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM	Other psychoactive substance dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM	Other stimulant abuse, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM	Other stimulant dependence, uncomplicated	Behavioral Health Facility	Approved	2		0		0
SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM	Sedative, hypnotic or anxiolytic dependence, uncomplicated	Behavioral Health Facility	Approved	3		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Alcohol dependence with other alcohol-induced disorder	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Alcohol dependence with withdrawal, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	20		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Cannabis dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Cocaine dependence, uncomplicated	Behavioral Health Facility	Approved	2		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Opioid dependence, uncomplicated	Behavioral Health Facility	Approved	2		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Other stimulant abuse, uncomplicated	Behavioral Health Facility	Approved	1		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Other stimulant dependence, uncomplicated	Behavioral Health Facility	Approved	3		0		0
SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	Sedative, hypnotic or anxiolytic dependence, uncomplicated	Behavioral Health Facility	Approved	3		0		0
SUCRAID	SUCRASE-ISOMALTASE DEFICIENCY	Psychiatry		0		0	Denied	1
SUCRAID 8,500 UNITS/ML SOLN	ABDOMINAL DISTENSION (GASEOUS)	Gastroenterology	Denied	1	Services are not medically necessary	1		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Gastroenterology	Denied	1	Services are not medically necessary	1		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Nurse Practitioner	Approved	1		0		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Pediatric Gastroenterology	Approved	1		0		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Pediatric Hematology/Oncology	Denied	2	Services are not medically necessary	2		0
SUCTION LIPECTOMY LWR EXTREM	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
SUCTION LIPECTOMY LWR EXTREM	SCAR CONDITIONS AND FIBROSIS OF SKIN	Facility	Denied	1	Services are not medically necessary	1		0
SUCTION LIPECTOMY TRUNK	DISORDER OF BREAST, UNSPECIFIED	Facility	Approved	1		0		0
SUCTION LIPECTOMY TRUNK	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
SUCTION PUMP PORTAB HOM MODL	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	2	Services are not medically necessary	2		0
SUCTION PUMP PORTAB HOM MODL	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0

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SUCTION PUMP PORTAB HOM MODL	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
SUCTION PUMP PORTAB HOM MODL	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
SUMATRIPTAN 6 MG/0.5 ML INJECT	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN 6 MG/0.5 ML INJECT	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 100 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
SUMATRIPTAN SUCC 100 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
SUMATRIPTAN SUCC 100 MG TABLET	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Approved	1		0		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE WITHOUT AURA	Neurology	Approved	1		0		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE WITHOUT AURA	Neurology	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 25 MG TABLET	HEADACHE	Neurology	Approved	1		0		0
SUMATRIPTAN SUCC 25 MG TABLET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
SUMATRIPTAN SUCC 25 MG TABLET	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatrics	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 50 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 50 MG TABLET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
SUMATRIPTAN SUCC 50 MG TABLET	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 50 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 50 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
SUNOSI	Narcolepsy without cataplexy	Pain Management		0		0	Denied	1
SUNOSI 150 MG TABLET	HYPERSOMNIA, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
SUNOSI 150 MG TABLET	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE W/O CATAPLEXY	Family Medicine	Denied	1	Services are not medically necessary	1		0
SUNOSI 150 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Approved	1		0		0
SUNOSI 150 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Denied	1	Services are not medically necessary	1		0
SUNOSI 75 MG TABLET	HYPERSOMNIA, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SUNOSI 75 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Neurology	Approved	1		0		0
SUNOSI 75 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Sleep Medicine	Approved	1		0		0
SUNOSI 75 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
SUNOSI 75 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SUNOSI 75 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Rheumatology	Denied	1	Services are not medically necessary	1		0
SUPARTZ FX 25 MG/2.5 ML SYR		Sports Medicine	Denied	1	Services are not medically necessary	1		0
SUPARTZ FX 25 MG/2.5 ML SYR	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	3	Services are not medically necessary	3		0
SUPARTZ FX 25 MG/2.5 ML SYR	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
SUPARTZ FX 25 MG/2.5 ML SYR	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SUPARTZ FX 25 MG/2.5 ML SYR	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
SUPARTZ FX 25 MG/2.5 ML SYR	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
SUPARTZ FX 25 MG/2.5 ML SYR	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0

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SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Emergency Medicine		0		0	Denied	1
SUPPORTIVE THERAPIES	Acute myeloblastic leukemia, not having achieved remission	ONCOLOGY	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of ascending colon	HEMATOLOGY						
SUPPORTIVE THERAPIES	Malignant neoplasm of body of stomach	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of left female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of left female breast	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of left female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of colon, unspecified	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of colon, unspecified	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of endometrium	Other	Denied	3	Services are not medically necessary	3		0
SUPPORTIVE THERAPIES	Malignant neoplasm of head of pancreas	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of left ovary	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of left ovary	Other	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of lower lobe, left bronchus or lung	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of left female breast	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of middle lobe, bronchus or lung	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of other parts of pancreas	ONCOLOGY	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of left female breast	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of left female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of left female breast	Other	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of right female breast	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of pancreas, unspecified	Other	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	UROLOGY	Denied	3	Services are not medically necessary	3		0
SUPPORTIVE THERAPIES	Malignant neoplasm of pyloric antrum	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified part of left bronchus or lung	HEMATOLOGY	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified part of left bronchus or lung	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified part of right bronchus or lung	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of unspecified female breast	INTERNAL MEDICINE	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of unspecified female breast	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
SUPPORTIVE THERAPIES	Malignant neoplasm of upper lobe, left bronchus or lung	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-inner quadrant of right female breast	ONCOLOGY	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-inner quadrant of right female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	ONCOLOGY	Approved	1		0		0
SUPPORTIVE THERAPIES	Other types of follicular lymphoma, unspecified site	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Secondary malignant neoplasm of bone	HOSPITALIST - INTERNAL MEDICIN	Approved	1		0		0
SUPPRELIN LA IMPLANT	OTHER HYPERFUNCTION OF PITUITARY GLAND	Ancillary	Approved	1		0		0
SUPPRELIN LA IMPLANT	PRECOCIOUS PUBERTY	Facility	Approved	1		0		0
SUPPRELIN LA IMPLANT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
SURG DX EXAM ANORECTAL	ILLNESS, UNSPECIFIED	Facility	Approved	1		0		0
SURG DX EXAM ANORECTAL	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	Facility	Approved	1		0		0
SURG DX EXAM, ANORECTAL	N82.4 - Other female intestinal-genital tract fistulae; Z43.2 - Encounter for attention to ileostomy	Colon and Rectal Surgery	Approved	1		0		0
SURGERY FOR LIVER LESION	OTHER SPECIFIED DISEASES OF LIVER	Facility	Approved	1		0		0
SURGERY FOR VULVA LESION	ABSCESS OF BARTHOLIN'S GLAND	Ancillary	Approved	1		0		0
SURGERY OF BREAST CAPSULE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	BENIGN NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
SURGERY OF BREAST CAPSULE	CELLULITIS, UNSPECIFIED	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
SURGERY OF BREAST CAPSULE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
SURGERY OF BREAST CAPSULE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
SURGERY OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
SURGERY OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	3		0		0
SURGERY TO STOP LEG GROWTH	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED SITE	Facility	Approved	1		0		0
SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
SURGICAL TRAYS	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
SUSPEND BOWEL W/PROSTHESIS	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
SUSPENSION OF BREAST	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	Facility	Approved	3		0		0
SUSPENSION OF BREAST	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	3		0		0

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SUSPENSION OF BREAST	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Facility	Approved	1		0		0
SUSPENSION OF BREAST	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
SUSPENSION OF BREAST	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
SUSPENSION OF BREAST	CONGENITAL MALFORMATION OF BREAST, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SUSPENSION OF BREAST	DISPROPORTION OF RECONSTRUCTED BREAST	Facility	Approved	2		0		0
SUSPENSION OF BREAST	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Ancillary	Approved	1		0		0
SUSPENSION OF BREAST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
SUSPENSION OF BREAST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SUSPENSION OF BREAST	HYPOPLASIA OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
SUSPENSION OF BREAST	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
SUSPENSION OF BREAST	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	2	Services are not medically necessary	2		0
SUSPENSION OF BREAST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Surgery, Plastic	Approved	1		0		0
SUSPENSION OF BREAST	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
SUSPENSION OF BREAST	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
SUSPENSION OF BREAST	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
SUSPENSION OF BREAST	NON-PRS CHR ULC SKIN/ OTH SITE WITH MSL INVL W/O EVD OF NECR	Facility	Approved	1		0		0
SUSPENSION OF BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	4		0		0
SUSPENSION OF BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
SUSPENSION OF UTERUS	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
SUSTIVA 600 MG TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Infectious Disease	Approved	1		0		0
SUSTIVA 600 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
SUTENT 12.5 MG CAPSULE	GASTROINTESTINAL STROMAL TUMOR OF OTHER SITES	Hematology	Approved	1		0		0
SUTENT 25 MG CAPSULE	SECONDARY MALIGNANT NEOPLASM OF BONE	Hematology	Approved	1		0		0
SUTENT 37.5 MG CAPSULE	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Oncology	Approved	1		0		0
SUTENT 50 MG CAPSULE	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Internal Medicine	Approved	1		0		0

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SYMBICORT 160-4.5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
SYMDEKO 100/150 MG-150 MG TABS	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	3		0		0
SYMDEKO 100/150 MG-150 MG TABS	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	4		0		0
SYMDEKO 100/150 MG-150 MG TABS	CYSTIC FIBROSIS, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
SYMDEKO 100/150 MG-150 MG TABS	CYSTIC FIBROSIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
SYMPAZAN 5 MG FILM	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Neurology	Denied	2	Services are not medically necessary	2		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Pain Management	Approved	1		0		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Pain Management	Denied	1	Services are not medically necessary	1		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Physician Assistant	Approved	1		0		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Psychiatry	Approved	1		0		0
SYMPROIC 0.2 MG TABLET	OTHER CONSTIPATION	Nurse Practitioner	Approved	1		0		0
SYMPROIC 0.2 MG TABLET	OTHER CONSTIPATION	Pain Management	Approved	1		0		0
SYMPROIC 0.2 MG TABLET	OTHER CONSTIPATION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SYMTUZA 800-150-200-10 MG TAB	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Nurse Practitioner Primary Care	Approved	2		0		0
SYMTUZA 800-150-200-10 MG TAB	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	5		0		0
SYNAGIS	VENTRICULAR SEPTAL DEFECT	Allergy/Immunology		0		0	Approved	1
SYNAGIS 100 MG/1 ML VIAL	PRETERM NEWBORN, GESTATIONAL AGE 29 COMPLETED WEEKS	Pediatric Pulmonology	Approved	1		0		0
SYNAGIS 100 MG/1 ML VIAL	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Pediatrics	Approved	1		0		0
SYNAGIS 100 MG/1 ML VIAL	TETRALOGY OF FALLOT	Pediatrics	Approved	1		0		0
SYNAGIS 100 MG/1 ML VIAL	VENTRICULAR SEPTAL DEFECT	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
SYNALAR 0.01% SOLUTION	DERMATITIS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
SYNALAR 0.025% CREAM	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
SYNALAR 0.025% CREAM	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Denied	1	Services are not medically necessary	1		0
SYNTHROID (LEVOTHYROXINE) PER 1 MCG	E03.9 - Hypothyroidism, unspecified; E07.89 - Other specified disorders of thyroid	Endocrinology	Approved	1		0		0
SYNTHROID 88 MCG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	ACHILLES TENDINITIS, LEFT LEG	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	30		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Anesthesiology	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	9		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Occupational Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Orthopaedic Trauma	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pharmacology, Clinical	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Radiology, Diagnostic	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	8		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	60		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
SYNVISC OR SYNVISC-ONE	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF R LOW EXTREM	Physician Assistant	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	DISORDER OF CARTILAGE, UNSPECIFIED	Family Medicine	Approved	1		0		0

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SYNVISC OR SYNVISC-ONE	EFFUSION, LEFT KNEE	RHEUMATOLOGY	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	EFFUSION, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	EFFUSION, RIGHT KNEE	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	EPIGASTRIC PAIN	Surgery, Orthopedic	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	FREQUENCY OF MICTURITION	Ancillary	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	LOW BACK PAIN	Ancillary	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Ancillary	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Rheumatology	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OTHER GENERAL SYMPTOMS AND SIGNS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	OTHER HAMMER TOE(S) (ACQUIRED), RIGHT FOOT	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	PAIN IN LEFT KNEE	Ancillary	Approved	3		0		0
SYNVISC OR SYNVISC-ONE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	Ancillary	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	Facility	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	Family Medicine	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	PAIN IN UNSPECIFIED JOINT	Rheumatology	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	PRPH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, L KNEE, SUBS	Surgery, Orthopedic	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	PRPH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, L KNEE, SUBS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	Orthopaedic Sports Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	27		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Anesthesiology	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	12		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physical Medicine	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physician Assistant	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	RHEUMATOLOGY	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Approved	5		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	60		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	7	Services are not medically necessary	7		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	24		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	16		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Internal Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Orthopaedic Trauma	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Pain Management	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physical Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physician Assistant	Approved	5		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Radiology	Approved	1		0		0

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SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Approved	7		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Hand	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	60		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Ancillary	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Anesthesiology	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Pain Management	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Sports Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYNVISC SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	4		0		0
SYNVISC SYRINGE	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Surgery, Orthopedic	Approved	1		0		0
SYNVISC SYRINGE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
SYNVISC SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
SYNVISC SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	2		0		0
SYNVISC SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYNVISC SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Family Medicine	Approved	1		0		0
SYNVISC-ONE SYRINGE		Surgery, Orthopedic	Approved	2		0		0
SYNVISC-ONE SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	2		0		0
SYNVISC-ONE SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	5		0		0
SYNVISC-ONE SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Nurse Practitioner	Approved	1		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physical Medicine	Approved	1		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Approved	1		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	4		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	2		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	8		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
SYRINGE W/NEEDLE INSULIN 3CC	ACUTE BRONCHITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
SYRINGE W/NEEDLE INSULIN 3CC	ILLNESS, UNSPECIFIED	Ancillary	Approved	3		0		0
SYRINGE W/NEEDLE INSULIN 3CC	SOLITARY PULMONARY NODULE	Ancillary	Approved	3		0		0
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	9		0		0
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	2		0		0
TACLONEX 0.005%-0.064% SUSPENS	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
TACLONEX 0.005%-0.064% SUSPENS	PSORIASIS VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
TACROLIMUS 0.5 MG CAPSULE	HEART TRANSPLANT STATUS	Cardiovascular Disease	Approved	1		0		0
TACROLIMUS 0.5 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	2		0		0
TACROLIMUS 0.5 MG CAPSULE	LIVER TRANSPLANT STATUS	Internal Medicine	Approved	1		0		0
TACROLIMUS 0.5 MG CAPSULE	LIVER TRANSPLANT STATUS	Pediatric Surgery	Approved	1		0		0
TACROLIMUS 0.5 MG CAPSULE	LIVER TRANSPLANT STATUS	Surgery, General	Approved	3		0		0
TACROLIMUS 0.5 MG CAPSULE	LUNG TRANSPLANT STATUS	Internal Medicine	Approved	2		0		0
TACROLIMUS 0.5 MG CAPSULE	LUNG TRANSPLANT STATUS	Pulmonary Disease	Approved	2		0		0
TACROLIMUS 0.5 MG CAPSULE	STEM CELLS TRANSPLANT STATUS	Hematology	Approved	2		0		0

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TACROLIMUS 1 MG CAPSULE	ENCOUNTER FOR AFTERCARE FOLLOWING KIDNEY TRANSPLANT	Nephrology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	HEART TRANSPLANT STATUS	Advanced Heart Failure And Transplant Cardiology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	HEART TRANSPLANT STATUS	Cardiovascular Disease	Approved	2		0		0
TACROLIMUS 1 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Nephrology	Approved	7		0		0
TACROLIMUS 1 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Physician Assistant	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Surgery, General	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	LIVER TRANSPLANT STATUS	Gastroenterology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	LIVER TRANSPLANT STATUS	Pediatric Surgery	Approved	3		0		0
TACROLIMUS 1 MG CAPSULE	LIVER TRANSPLANT STATUS	Physician Assistant	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	LIVER TRANSPLANT STATUS	Surgery, General	Approved	2		0		0
TACROLIMUS 1 MG CAPSULE	LUNG TRANSPLANT STATUS	Internal Medicine	Approved	2		0		0
TACROLIMUS 1 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Nephrology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	OTHER LICHEN PLANUS	Dermatology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Rheumatology	Approved	1		0		0
TACROLIMUS 5 MG CAPSULE	HEART TRANSPLANT STATUS	Nurse Practitioner	Approved	1		0		0
TACROLIMUS 5 MG CAPSULE	KIDNEY TRANSPLANT STATUS	Pediatric Nephrology	Approved	1		0		0
TADALAFIL 10 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 10 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
TADALAFIL 10 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
TADALAFIL 10 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
TADALAFIL 10 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
TADALAFIL 20 MG TABLET	DECREASED LIBIDO	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	DISORDER OF PENIS, UNSPECIFIED	Urology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Urology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	HEART FAILURE, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	5	Services are not medically necessary	5		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	6	Services are not medically necessary	6		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Approved	1		0		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	3	Services are not medically necessary	3		0
TADALAFIL 20 MG TABLET	OTH SEXUAL DYSFNCT NOT DUE TO A SUB OR KNOWN PHYSIOL COND	Family Medicine	Approved	1		0		0
TADALAFIL 20 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Family Medicine	Approved	1		0		0
TADALAFIL 20 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
TADALAFIL 20 MG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Pulmonary Disease	Approved	1		0		0
TADALAFIL 20 MG TABLET	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET		Family Medicine	Approved	3		0		0
TADALAFIL 5 MG TABLET		Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET		Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA	Family Medicine	Approved	1		0		0

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TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Approved	11		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Denied	6	Services are not medically necessary	6		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	General Practice	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Approved	5		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Denied	3	Services are not medically necessary	3		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Physician	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	21		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	3	Services are not medically necessary	3		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Family Medicine	Approved	10		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Family Medicine	Denied	2	Services are not medically necessary	2		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Family Nurse Practitioner	Approved	2		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	General Practice	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Infectious Disease	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Internal Medicine	Approved	4		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Nephrology	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Physician	Approved	3		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Urology	Approved	5		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Urology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	CNSL REL TO COMB CONCERN RGRD SEX ATTITUDE, BEHAV AND ORIENTN	General Practice	Approved	1		0		0
TADALAFIL 5 MG TABLET	DECREASED LIBIDO	Obstetrics/Gynecology	Approved	1		0		0
TADALAFIL 5 MG TABLET	DISORDER INVOLVING THE IMMUNE MECHANISM, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	DISORDER OF PROSTATE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	DRUG-INDUCED ERECTILE DYSFUNCTION	Cardiovascular Disease	Approved	1		0		0
TADALAFIL 5 MG TABLET	DRUG-INDUCED ERECTILE DYSFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
TADALAFIL 5 MG TABLET	DRUG-INDUCED ERECTILE DYSFUNCTION	Family Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	DRUG-INDUCED ERECTILE DYSFUNCTION	Psychiatry	Approved	1		0		0
TADALAFIL 5 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Family Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	ILLNESS, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	ILLNESS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	INDURATION PENIS PLASTICA	Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	INFLAMMATORY DISEASE OF PROSTATE, UNSPECIFIED	Family Medicine	Approved	1		0		0

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TADALAFIL 5 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Approved	4		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DISORDER	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DISORDER	Psychiatry	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Cardiovascular Disease	Approved	3		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	24		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	6	Services are not medically necessary	6		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	General Practice	Approved	2		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Geriatric Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Approved	12		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Nephrology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Pediatrics	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician	Approved	2		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Psychiatry	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Approved	3		0		0
TADALAFIL 5 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Physician	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Urology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	NOCTURIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	NOCTURIA	Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Family Medicine	Approved	3		0		0
TADALAFIL 5 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Urology	Approved	2		0		0
TADALAFIL 5 MG TABLET	OVERACTIVE BLADDER	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	RAYNAUD'S SYNDROME WITHOUT GANGRENE	Rheumatology	Approved	1		0		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	4		0		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Approved	1		0		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Physician	Approved	1		0		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Urology	Approved	3		0		0
TADALAFIL 5 MG TABLET	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	UNSP SEXUAL DYSFNCT NOT DUE TO A SUB OR KNOWN PHYSIOL COND	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	VENTRICULAR PREMATURE DEPOLARIZATION	Internal Medicine	Approved	1		0		0

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TAFINLAR 50 MG CAPSULE	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	Oncology	Approved	1		0		0
TAFINLAR 75 MG CAPSULE	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TAFINLAR 75 MG CAPSULE	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	Hematology	Approved	1		0		0
TAFINLAR 75 MG CAPSULE	MALIGNANT NEOPLASM OF THYROID GLAND	Endocrinology And Metabolism	Approved	1		0		0
TAGRISSO 80 MG TABLET	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Hematology	Approved	1		0		0
TAGRISSO 80 MG TABLET	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Oncology	Approved	1		0		0
TAGRISSO 80 MG TABLET	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	Hematology	Approved	2		0		0
TAGRISSO 80 MG TABLET	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	Oncology	Approved	1		0		0
TAH RAD DEBULK/LYMPH REMOVE	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
TAH RAD DISSECT FOR DEBULK	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	1		0		0
TAH RAD DISSECT FOR DEBULK	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	1		0		0
TAKHZYRO	OTHER DISORDERS OF COPPER METABOLISM	Dermatology		0		0	Approved	1
TAKHZYRO 300 MG/2 ML VIAL	OTHER DISORDERS OF COPPER METABOLISM	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
TALTZ	Arthropathic psoriasis, unspecified	Dermatology		0		0	Denied	1
TALTZ	Arthropathic psoriasis, unspecified	Physician Assistant		0		0	Denied	1
TALTZ	GUTTATE PSORIASIS	Anesthesiology		0		0	Approved	1
TALTZ	Other psoriasis	Gastroenterology		0		0	Denied	1
TALTZ	OTHER PSORIASIS	Psychiatry		0		0	Approved	1
TALTZ	OTHER PSORIATIC ARTHROPATHY	Ophthalmology		0		0	Denied	1
TALTZ	PSORIASIS VULGARIS	Dermatology		0		0	Denied	3
TALTZ	PSORIASIS VULGARIS	Emergency Medicine		0		0	Denied	2
TALTZ	PSORIASIS VULGARIS	Gastroenterology		0		0	Denied	1
TALTZ	PSORIASIS VULGARIS	Internal Medicine		0		0	Denied	2
TALTZ	PSORIASIS VULGARIS	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
TALTZ	Psoriasis vulgaris	Pain Management		0		0	Denied	4
TALTZ	Psoriasis vulgaris	Pediatric Neurology		0		0	Denied	1
TALTZ	PSORIASIS VULGARIS	Pediatrics		0		0	Denied	1
TALTZ	PSORIASIS VULGARIS	Physician		0		0	Denied	3
TALTZ	PSORIASIS VULGARIS	Physician Assistant		0		0	Denied	2
TALTZ	PSORIASIS VULGARIS	Psychiatry		0		0	Denied	1
TALTZ	PSORIASIS VULGARIS	Pulmonary Disease		0		0	Approved	1
TALTZ	PSORIASIS VULGARIS	Rheumatology		0		0	Denied	2
TALTZ	Psoriasis vulgaris	Surgery, Orthopedic		0		0	Denied	2
TALTZ	PSORIASIS VULGARIS	Surgery, Plastic		0		0	Denied	1
TALTZ	PSORIASIS, UNSPECIFIED	Gastroenterology		0		0	Approved	1
TALTZ	Psoriasis, unspecified	Surgery, Orthopedic		0		0	Denied	1
TALTZ 80 MG/ML AUTOINJ (2-PK)	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	OTHER PSORIASIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	PSORIASIS VULGARIS	Dermatology	Denied	4	Services are not medically necessary	4		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	PSORIASIS VULGARIS	Rheumatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (3-PK)		Dermatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0

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TALTZ 80 MG/ML AUTOINJ (3-PK)	OTHER PSORIASIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	PSORIASIS VULGARIS	Dermatology	Denied	8	Services are not medically necessary	8		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	PSORIASIS VULGARIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	PSORIASIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJECTOR	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Physician	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
TALTZ 80 MG/ML AUTOINJECTOR	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJECTOR	GUTTATE PSORIASIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER GENERAL SYMPTOMS AND SIGNS	Physician Assistant	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER PSORIASIS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER PSORIASIS	Dermatology	Denied	2	Services are not medically necessary	2		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER PSORIASIS	Physician Assistant	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Dermatology	Approved	16		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Dermatology	Denied	14	Services are not medically necessary	14		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Physician	Approved	3		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Physician	Denied	2	Services are not medically necessary	2		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS, UNSPECIFIED	Dermatology	Approved	3		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
TALTZ 80 MG/ML AUTOINJECTOR	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSP SITE	Physician	Approved	1		0		0
TALTZ 80 MG/ML SYRINGE	OTHER PSORIASIS	Dermatology	Approved	2		0		0
TALTZ 80 MG/ML SYRINGE	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
TALTZ 80 MG/ML SYRINGE	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
TALYMED	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM	Facility	Denied	1	Services are not medically necessary	1		0
TAPERDEX 12 DAY 1.5 MG TABLET	ACHILLES TENDINITIS, UNSPECIFIED LEG	Podiatry	Denied	1	Services are not medically necessary	1		0
TAPERDEX 12 DAY 1.5 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	General Practice	Denied	1	Services are not medically necessary	1		0
TAPERDEX 12 DAY 1.5 MG TABLET	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND	Sports Medicine	Denied	1	Services are not medically necessary	1		0
TAPERDEX 12 DAY 1.5 MG TABLET	PAIN IN LEFT SHOULDER	Podiatry	Denied	1	Services are not medically necessary	1		0
TAPERDEX 12 DAY 1.5 MG TABLET	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	Rheumatology	Denied	1	Services are not medically necessary	1		0
TAPERDEX 12 DAY 1.5 MG TABLET	RADICULOPATHY, LUMBAR REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
TAPERDEX 12 DAY 1.5 MG TABLET	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	Surgery, Hand	Denied	1	Services are not medically necessary	1		0
TARCEVA 100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Hematology	Approved	1		0		0
TARGADOX 50 MG TABLET	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	BRACHIAL PLEXUS DISORDERS	Pathology	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	HEREDITARY SIDEROBLASTIC ANEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	INTRAHEPATIC BILE DUCT CARCINOMA	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Denied	1	Services are not medically necessary	1		0

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TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	Ancillary	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
TARGETED GENOMIC SEQ ANALYSIS, DNA ANALYSIS OF 324 GENES	C57.01 - Malignant neoplasm of right fallopian tube	Hematology/Oncology	Approved	1		0		0
TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIAN	INTRAHEPATIC BILE DUCT CARCINOMA	Physician Assistant		0		0	Denied	1
TASIGNA 150 MG CAPSULE	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Approved	2		0		0
TASIGNA 150 MG CAPSULE	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION	Hematology	Approved	1		0		0
TASIGNA 150 MG CAPSULE	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION	Oncology	Approved	1		0		0
TASIGNA 200 MG CAPSULE	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Physician	Approved	1		0		0
TASIGNA 200 MG CAPSULE	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN RELAPSE	Oncology	Approved	1		0		0
TAYTULLA 1 MG-20 MCG CAPSULE	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Obstetrics/Gynecology	Approved	1		0		0
TAZORAC	Acne vulgaris	Dermatology		0		0	Approved	1
TAZORAC 0.05% CREAM	ACNE VULGARIS	Dermatology	Approved	1		0		0
TAZORAC 0.05% CREAM	ACNE VULGARIS	Dermatology	Denied	6	Services are not medically necessary	6		0
TAZORAC 0.05% CREAM	ACNE VULGARIS	Pediatric Dermatology	Denied	1	Services are not medically necessary	1		0
TAZORAC 0.05% GEL	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TAZORAC 0.05% GEL	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TAZORAC 0.05% GEL	PSEUDOFOLLICULITIS BARBAE	Dermatology	Denied	1	Services are not medically necessary	1		0
TAZORAC 0.05% GEL	PSEUDOFOLLICULITIS BARBAE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TAZORAC 0.1% CREAM	SCAR CONDITIONS AND FIBROSIS OF SKIN	Dermatology	Denied	1	Services are not medically necessary	1		0
TAZORAC 0.1% GEL	ACNE VULGARIS	Dermatology	Denied	3	Services are not medically necessary	3		0
TAZORAC 0.1% GEL	ACNE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TAZORAC 0.1% GEL	OCCIPITAL NEURALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
TC99M SESTAMIBI	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	EDEMA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	OTHER CHEST PAIN	CARDIOVASCULAR SURGERY	Approved	2		0		0
TC99M SESTAMIBI	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	PRECORDIAL PAIN	CARDIOVASCULAR SURGERY	Approved	1		0		0

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TC99M SESTAMIBI	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	4		0		0
TC99M SESTAMIBI	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TC99M SESTAMIBI	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR SURGERY	Approved	1		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	35		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	5	Services are not medically necessary	5		0
TECFIDERA DR 120 MG CAPSULE	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Internal Medicine	Approved	1		0		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Neurology	Approved	21		0		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Psychiatry	Approved	1		0		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Sleep Medicine	Approved	1		0		0
TECFIDERA STARTER PACK	MULTIPLE SCLEROSIS	Neurology	Approved	4		0		0
TECFIDERA STARTER PACK	MULTIPLE SCLEROSIS	Physician	Approved	1		0		0
TECFIDERA STARTER PACK	MULTIPLE SCLEROSIS	Surgery, Neurological	Approved	1		0		0
TEKTURNA 300 MG TABLET	CHRONIC KIDNEY DISEASE, STAGE 5	Nephrology	Approved	1		0		0
TELETHX ISODOSE PLAN CPLX	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
TELETHX ISODOSE PLAN SIMPLE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Family Medicine	Approved	1		0		0
TELMISARTAN 40 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	Internal Medicine	Approved	1		0		0
TEMOVATE 0.05% OINTMENT	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
TEMOZOLOMIDE 100 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Hematology	Approved	2		0		0
TEMOZOLOMIDE 100 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	3		0		0
TEMOZOLOMIDE 140 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	3		0		0
TEMOZOLOMIDE 140 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	Internal Medicine	Approved	1		0		0
TEMOZOLOMIDE 140 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	Oncology	Approved	2		0		0
TEMOZOLOMIDE 140 MG CAPSULE	SECONDARY CARCINOID TUMORS OF BONE	Hematology	Approved	1		0		0
TEMOZOLOMIDE 180 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
TEMOZOLOMIDE 180 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Oncology	Approved	1		0		0
TEMOZOLOMIDE 180 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	Internal Medicine	Approved	1		0		0
TEMOZOLOMIDE 180 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	Oncology	Approved	1		0		0
TEMOZOLOMIDE 20 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	2		0		0
TEMOZOLOMIDE 20 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	Internal Medicine	Approved	1		0		0
TEMOZOLOMIDE 20 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	Oncology	Approved	1		0		0
TEMOZOLOMIDE 250 MG CAPSULE		Neurology	Approved	1		0		0
TEMOZOLOMIDE 5 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	1		0		0
TEMOZOLOMIDE INJECTION	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Family Medicine	Approved	2		0		0
TEMPORARY EXTERNAL PACING	TYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
Tenodesis of long tendon of biceps	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Tenodesis of long tendon of biceps	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Approved	1		0		0

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Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	7		0		0
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	9		0		0
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Tenodesis of long tendon of biceps	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Tenodesis of long tendon of biceps	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	LAC MUSC & TEND ROTATOR CUFF LT SHLDR SUBSQ ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	OTH INJURY M&T OTH PART BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Tenodesis of long tendon of biceps	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	11		0		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Tenodesis of long tendon of biceps	SPONTANEOUS RUPTURE OF OTHER TENDONS LEFT UP ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Tenodesis of long tendon of biceps	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	STRN MUSC FASC TEND LNG HD BICPS RT ARM SUB ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Tenodesis of long tendon of biceps	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Tenodesis of long tendon of biceps	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	TRAUMATIC ARTHROPATHY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Tenodesis of long tendon of biceps	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	3		0		0
TENOFOVIR DISOP FUM 300 MG TB	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Adult Nurse Practitioner Primary Care	Approved	1		0		0
TENOFOVIR DISOP FUM 300 MG TB	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Family Medicine	Approved	1		0		0
TENOFOVIR DISOP FUM 300 MG TB	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Gastroenterology	Approved	1		0		0
TENOFOVIR DISOP FUM 300 MG TB	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	2		0		0
TENOFOVIR DISOP FUM 300 MG TB	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
TENOFOVIR DISOP FUM 300 MG TB	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Transplant Heptology	Approved	1		0		0
TENS FOUR LEAD	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
TENS FOUR LEAD	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
TENS FOUR LEAD	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	2		0		0
TENS FOUR LEAD	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
TENS FOUR LEAD	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT	Ancillary	Approved	1		0		0
TENS SUPPL 2 LEAD PER MONTH	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
TENSION BASED SCOLIOSIS ORTH	PECTUS CARINATUM	Ancillary	Approved	1		0		0
TENSION BASED SCOLIOSIS ORTH	Q67.7 - Pectus carinatum	Pediatric Surgery	Approved	1		0		0
TENSION BASED SCOLIOSIS ORTH	SCOLIOSIS, UNSPECIFIED	Chiropractic	Approved	1		0		0
TEST SOCKET ABOVE KNEE	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	Ancillary	Approved	1		0		0
TEST SOCKET BELOW KNEE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
TEST SOCKET BELOW KNEE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
TEST SOCKET BELOW KNEE	FLUID OVERLOAD, UNSPECIFIED	Ancillary	Approved	1		0		0
TEST SOCKET BELOW KNEE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
TESTIM 1% (50MG) GEL	HYPOPITUITARISM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTIM 1% (50MG) GEL	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTIM 1% (50MG) GEL	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
TESTIM 1% (50MG) GEL	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTIM 1% (50MG) GEL	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOPEL	TESTICULAR HYPOFUNCTION	Internal Medicine		0		0	Approved	1
TESTOPEL	TESTICULAR HYPOFUNCTION	Multi-Specialty Group		0		0	Approved	1
TESTOPEL	Testicular hypofunction	Nephrology		0		0	Denied	1
TESTOPEL 75 MG PELLETS	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOPEL 75 MG PELLETS	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TESTOPEL 75 MG PELLETS	TESTICULAR HYPOFUNCTION	Physician Assistant	Approved	1		0		0
TESTOPEL 75 MG PELLETS	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOPEL 75 MG PELLETS	TESTICULAR HYPOFUNCTION	Urology	Denied	2	Services are not medically necessary	2		0
TESTOSTERON CYP 2,000 MG/10 ML	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Approved	1		0		0
TESTOSTERON CYP 2,000 MG/10 ML	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOSTERON ENAN 1,000 MG/5 ML	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOSTERONE	SYMPTOMATIC POSTPROCEDURAL OVARIAN FAILURE	Family Medicine		0		0	Denied	1
TESTOSTERONE	Testicular hypofunction	Internal Medicine		0		0	Approved	1
TESTOSTERONE	Testicular hypofunction	Obstetrics/Gynecology		0		0	Approved	1
TESTOSTERONE	TESTICULAR HYPOFUNCTION	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
TESTOSTERONE	TESTICULAR HYPOFUNCTION	Surgery, Neurological		0		0	Denied	1
TESTOSTERONE	Testicular hypofunction	Surgery, Orthopedic		0		0	Denied	1
TESTOSTERONE 1.62% (2.5 G) PKT		Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62% (2.5 G) PKT		Physical Medicine	Approved	1		0		0

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TESTOSTERONE 1.62% (2.5 G) PKT	ABNORMAL RESULTS OF OTHER ENDOCRINE FUNCTION STUDIES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% (2.5 G) PKT	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% (2.5 G) PKT	OTHER FATIGUE	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% (2.5 G) PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Approved	1		0		0
TESTOSTERONE 1.62% (2.5 G) PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% (2.5 G) PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62% (2.5 G) PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% (2.5 G) PKT	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 1.62% (2.5 G) PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	2		0		0
TESTOSTERONE 1.62% (2.5 G) PKT	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Approved	1		0		0
TESTOSTERONE 1.62% (2.5 G) PKT	TESTICULAR HYPOFUNCTION	General Practice	Approved	1		0		0
TESTOSTERONE 1.62% (2.5 G) PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62% (2.5 G) PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP		Family Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP		Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP		Family Nurse Practitioner	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	BENIGN NEOPLASM OF PITUITARY GLAND	Endocrinology And Metabolism	Approved	2		0		0
TESTOSTERONE 1.62% GEL PUMP	DECREASED LIBIDO	Gynecology (No OB)	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	DECREASED LIBIDO	Internal Medicine	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE 1.62% GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Internal Medicine	Approved	3		0		0
TESTOSTERONE 1.62% GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE 1.62% GEL PUMP	HYPOPITUITARISM	Physical Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	MALE ERECTILE DISORDER	Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	MALE ERECTILE DISORDER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
TESTOSTERONE 1.62% GEL PUMP	OTHER FATIGUE	Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	OTHER MALE ERECTILE DYSFUNCTION	Family Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	OTHER MALE ERECTILE DYSFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Denied	4	Services are not medically necessary	4		0
TESTOSTERONE 1.62% GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Internal Medicine	Approved	2		0		0
TESTOSTERONE 1.62% GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	POSTPROCEDURAL HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0

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TESTOSTERONE 1.62% GEL PUMP	TESTICULAR DYSFUNCTION, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR DYSFUNCTION, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	11		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	12	Services are not medically necessary	12		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	39		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	19	Services are not medically necessary	19		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner Primary Care	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	General Practice	Approved	2		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	General Practice	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	16		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	6	Services are not medically necessary	6		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Physician	Approved	4		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Physician	Denied	4	Services are not medically necessary	4		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Physician Assistant	Approved	3		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Psychiatry	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Urology	Approved	19		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Urology	Denied	15	Services are not medically necessary	15		0
TESTOSTERONE 1.62% GEL PUMP	TRANSSEXUALISM	Obstetrics/Gynecology	Approved	1		0		0
TESTOSTERONE 1.62%(1.25 G) PKT	DECREASED LIBIDO	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	3		0		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	6	Services are not medically necessary	6		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Hematology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	2		0		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 10 MG GEL PUMP		Physical Medicine	Approved	1		0		0
TESTOSTERONE 10 MG GEL PUMP	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 10 MG GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 10 MG GEL PUMP	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 10 MG GEL PUMP	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	Oncology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	3	Services are not medically necessary	3		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	ENCOUNTER FOR OTHER GENERAL EXAMINATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	HYPOTHYROIDISM, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Denied	1	Services are not medically necessary	1		0

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TESTOSTERONE 12.5 MG/1.25 GRAM	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Pain Management	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Approved	1		0		0
TESTOSTERONE 12.5 MG/1.25 GRAM	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	OTHER TESTICULAR DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	3		0		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	2		0		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Urology	Denied	4	Services are not medically necessary	4		0
TESTOSTERONE 25 MG/2.5 GM PKT	DECREASED LIBIDO	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 25 MG/2.5 GM PKT	ENDOCRINE DISORDER, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 25 MG/2.5 GM PKT	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 25 MG/2.5 GM PKT	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 25 MG/2.5 GM PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 25 MG/2.5 GM PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE 25 MG/2.5 GM PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE 25 MG/2.5 GM PKT	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 30 MG/1.5 ML PUMP	BENIGN NEOPLASM OF PITUITARY GLAND	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	3		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	3		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	General Practice	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Physician	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Physician Assistant	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Urology	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE 50 MG/5 GRAM GEL	HYPOPITUITARISM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM GEL	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Chiropractic	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	6		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0

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TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	2		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	6	Services are not medically necessary	6		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Urology	Approved	3		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	TRANSSEXUALISM	Obstetrics/Gynecology	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	OTHER PRIMARY OVARIAN FAILURE	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	4		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	5		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	7	Services are not medically necessary	7		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Infectious Disease	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	2		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	4	Services are not medically necessary	4		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Nephrology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Urology	Approved	4		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE ENAN 200 MG/ML	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE PELLETT 75 MG	ENDOCRINE DISORDER, UNSPECIFIED	Urology	Approved	1		0		0
TESTOSTERONE PELLETT 75 MG	HYPERTENSIVE CRISIS, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE PELLETT 75 MG	ILLNESS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE PELLETT 75 MG	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Approved	1		0		0
TESTOSTERONE PELLETT 75 MG	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	3		0		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	3		0		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	4		0		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Physician Assistant	Approved	1		0		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Urology	Approved	25		0		0
TESTOSTERONE PELLETT 75 MG	TESTICULAR HYPOFUNCTION	Urology	Denied	6	Services are not medically necessary	6		0
Testosterone Pellet 75M	TESTICULAR HYPOFUNCTION	Physical Medicine		0		0	Approved	1
TESTOSTERONE PELLETT, 75 MG	TESTICULAR HYPOFUNCTION	Gastroenterology		0		0	Denied	1
TESTOSTERONE UNDECANOATE 1MG	DISORDER OF PITUITARY GLAND, UNSPECIFIED	Ancillary	Approved	1		0		0
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	Ancillary	Approved	8		0		0
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	Urology	Approved	3		0		0
TETRABENAZINE 25 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TETRABENAZINE 25 MG TABLET	HUNTINGTON'S DISEASE	Neurology	Approved	1		0		0
TEXACORT 2.5% SOLUTION	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
TEXACORT 2.5% SOLUTION	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
THALOMID 50 MG CAPSULE	MULTIPLE MYELOMA IN REMISSION	Hematology	Approved	1		0		0

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THAWING CRYOPRESERVED SPERM	FEMALE INFERTILITY OF OTHER ORIGIN	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	ACIDOSIS	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	ACUTE RESPIRATORY DISTRESS	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	MASTODYNIA	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	3		0		0
THE CGM RECEIVER/MONITOR	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNR	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	STRAIN MUSC/TEND POST GRP AT LOW LEG LEVEL, RIGHT LEG, INIT	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	3		0		0
THE CGM RECEIVER/MONITOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	6		0		0
THE CGM RECEIVER/MONITOR	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	1		0		0
THE CGM RECEIVER/MONITOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	5		0		0
THE CGM SUPPLY ALLOWANCE	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
THE CGM SUPPLY ALLOWANCE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	1		0		0
THE CGM SUPPLY ALLOWANCE	END STAGE RENAL DISEASE	Ancillary	Approved	4		0		0
THE CGM SUPPLY ALLOWANCE	HYPERGLYCEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
THE CGM SUPPLY ALLOWANCE	MASTODYNIA	Ancillary	Approved	3		0		0
THE CGM SUPPLY ALLOWANCE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
THE CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	6		0		0
THE CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	17		0		0
THE CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
THE CGM SUPPLY ALLOWANCE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	8		0		0
THE IVNTJ W/FOCUS COG FUNCJ	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	Family Medicine	Denied	1	Services are not medically necessary	1		0
THE IVNTJ W/FOCUS COG FUNCJ	TRAUM SUBDR HEM W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
THE IVNTJ W/FOCUS COG FUNCJ	TRAUM SUBDR HEM W LOC OF UNSP DURATION, SUBS	Family Medicine	Approved	4		0		0
THE SPI PNXR DRG CSF	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	Facility	Approved	1		0		0
THE SPI PNXR DRG CSF	BENIGN NEOPLASM OF PITUITARY GLAND	Facility	Approved	3		0		0
THE SPI PNXR DRG CSF	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Facility	Approved	1		0		0
THE SPI PNXR DRG CSF	HYPOESTHESIA OF SKIN	Neurology	Approved	1		0		0
THE SPI PNXR DRG CSF	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
THE SPI PNXR DRG CSF	RELAPSING FEVER, UNSPECIFIED	Facility	Approved	1		0		0
THE SPI PNXR DRG CSF	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Facility	Approved	1		0		0
THE SPI PNXR DRG CSF	UNSPECIFIED PAPPILDEMA	Facility	Approved	1		0		0
THE/DIAG CONCURRENT INF	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
THE/PROPH/DIAG INJ IV PUSH	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
THE/PROPH/DIAG INJ SC/IM	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
THE/PROPH/DIAG INJ SC/IM	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Facility	Approved	1		0		0

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THER/PROPH/DIAG INJ SC/IM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
THER/PROPH/DIAG INJ SC/IM	SHORT STATURE (CHILD)	Facility	Approved	1		0		0
THER/PROPH/DIAG IV INF ADDON	HEADACHE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
THER/PROPH/DIAG IV INF INIT	END STAGE RENAL DISEASE	Surgery, General	Approved	2		0		0
THER/PROPH/DIAG IV INF INIT	HEADACHE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
THER/PROPH/DIAG IV INF INIT	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	Ancillary	Approved	1		0		0
THER/PROPH/DIAG IV INF INIT	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Ancillary	Approved	1		0		0
THER/PROPH/DIAG IV INF INIT	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOGY	Approved	2		0		0
THER/PROPH/DIAG IV INF INIT	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	1		0		0
THERAPEUTIC ACTIVITIES	AUTISTIC DISORDER	Ancillary	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC ACTIVITIES	AUTISTIC DISORDER	Occupational Therapy	Approved	1		0		0
THERAPEUTIC ACTIVITIES	AUTISTIC DISORDER	Occupational Therapy	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC ACTIVITIES	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	Approved	1		0		0
THERAPEUTIC ACTIVITIES	CERVICALGIA	Ancillary	Approved	1		0		0
THERAPEUTIC ACTIVITIES	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC ACTIVITIES	FAILURE TO THRIVE (CHILD)	Ancillary	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC ACTIVITIES	INTERMITTENT MONOCULAR EXOTROPIA, RIGHT EYE	Optometry	Approved	1		0		0
THERAPEUTIC ACTIVITIES	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC ACTIVITIES	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC ACTIVITIES	OTHER LACK OF COORDINATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC ACTIVITIES	PAIN IN LEFT WRIST	Multi-Specialty Group	Approved	1		0		0
THERAPEUTIC ACTIVITIES	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC ACTIVITIES	SOCIAL PRAGMATIC COMMUNICATION DISORDER	Occupational Therapy	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC ACTIVITIES	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC ACTIVITIES	UNSP BEHAV/EMOTN DISORD W ONST USLY OCCUR IN CHLDHD AND ADOL	Occupational Therapy	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC ACTIVITIES	UNSPECIFIED LACK OF COORDINATION	Ancillary	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	PAIN IN RIGHT SHOULDER	Physical Therapy		0		0	Denied	1
THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	PATELLAR TENDINITIS, LEFT KNEE	Pediatrics		0		0	Denied	1
THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	SPRAIN OF SACROILIAC JOINT, SUBSEQUENT ENCOUNTER	Ancillary		0		0	Approved	1
THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Stiffness of unspecified joint, not elsewhere classified	Pediatrics		0		0	Approved	1
THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	Chronic inflammatory demyelinating polyneuritis	Allergy/Immunology		0		0	Denied	1
THERAPEUTIC EXERCISES	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	Approved	1		0		0
THERAPEUTIC EXERCISES	CHONDROMALACIA, LEFT KNEE	HOSPITAL	Approved	1		0		0
THERAPEUTIC EXERCISES	COMPLEX TEAR OF LAT MENSCL, CURRENT INJURY, LEFT KNEE, INIT	HOSPITAL	Approved	1		0		0
THERAPEUTIC EXERCISES	COMPLEX TEAR OF MEDIAL MENSCL, CURRENT INJURY, L KNEE, INIT	HOSPITAL	Approved	1		0		0
THERAPEUTIC EXERCISES	HYPERMOBILITY SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC EXERCISES	INJ MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT	PHYSICAL THERAPY	Approved	1		0		0

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THERAPEUTIC EXERCISES	INTERMITTENT MONOCULAR EXOTROPIA, RIGHT EYE	Optometry	Approved	1		0		0
THERAPEUTIC EXERCISES	LOW BACK PAIN	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC EXERCISES	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
THERAPEUTIC EXERCISES	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC EXERCISES	PAIN IN LEFT KNEE	HOSPITAL	Approved	1		0		0
THERAPEUTIC EXERCISES	PAIN IN LEFT KNEE	PHYSICAL THERAPY	Approved	1		0		0
THERAPEUTIC EXERCISES	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC EXERCISES	PAIN IN LEFT WRIST	Multi-Specialty Group	Approved	1		0		0
THERAPEUTIC EXERCISES	PRIMARY PULMONARY HYPERTENSION	Facility	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC EXERCISES	RADICULOPATHY, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC EXERCISES	SPINAL STENOSIS, CERVICAL REGION	PHYSICAL THERAPY	Approved	2		0		0
THERAPEUTIC EXERCISES	UNSP BEHAV/EMOTN DISORD W ONST USLY OCCUR IN CHLDHD AND ADOL	Occupational Therapy	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC LIGHTBOX TABLET	G47.00 - Insomnia, unspecified; G47.22 - Advanced sleep phase syndrome	Pulmonary	Approved	1		0		0
THERAPEUTIC LIGHTBOX TABLET	INSOMNIA, UNSPECIFIED	Ancillary	Approved	1		0		0
THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC PROCD STRG ENDUR	PRIMARY PULMONARY HYPERTENSION	Facility	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	Pain in right knee	Physical Medicine		0		0	Denied	1
THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	RADICULOPATHY, CERVICAL REGION	Psychiatry		0		0	Denied	1
THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY		Oncology		0		0	Approved	1
THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	MUSCLE WEAKNESS (GENERALIZED)	Dermatology		0		0	Approved	1
THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Multi-Specialty Group		0		0	Approved	1
THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Pain in right ankle and joints of right foot	Pulmonary Disease		0		0	Denied	1
THERASKIN	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM	Internal Medicine	Denied	1	Services are not medically necessary	1		0
THERASKIN	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES	Facility	Approved	1		0		0
THERASKIN	NON-PRS CHR ULC UNSP PRT OF R LOW LEG W FAT LAYER EXPOSED	Family Medicine	Approved	1		0		0
THERASKIN	NON-PRS CHRONIC ULC UNSP PRT OF R LOW LEG W UNSP SEVERITY	Facility	Denied	1	Services are not medically necessary	1		0
THERASKIN	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	Facility	Denied	1	Services are not medically necessary	1		0
THERASKIN	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Facility	Denied	2	Services are not medically necessary	2		0
THERASKIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
THORACOSCOPY DIAGNOSTIC	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
THORACOSCOPY REMOVE SEGMENT	SOLITARY PULMONARY NODULE	Other	Approved	1		0		0
THORACOSCOPY W/ TH NRV EXC	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Ancillary	Approved	2		0		0
THORACOSCOPY W/ TH NRV EXC	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Ancillary	Denied	1	Services are not medically necessary	1		0
THORACOSCOPY W/BX INFILTRATE	SOLITARY PULMONARY NODULE	Other	Approved	1		0		0
THORACOSCOPY W/BX NODULE	SOLITARY PULMONARY NODULE	Facility	Denied	1	Services are not medically necessary	1		0

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THORACOSCOPY W/LOBECTOMY	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Other	Approved	1		0		0
THORACOSCOPY W/LOBECTOMY	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	Facility	Approved	1		0		0
THORACOSCOPY W/LOBECTOMY	SOLITARY PULMONARY NODULE	Facility	Approved	1		0		0
THORACOSCOPY W/LOBECTOMY	WEAKNESS	Facility	Approved	1		0		0
THORACOSCOPY W/PLEURODESIS	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
THORACOSCOPY W/PLEURODESIS	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Other	Approved	1		0		0
THORACOSCOPY W/PLEURODESIS	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	1		0		0
THORACOSCOPY W/WEDGE RESECT	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
THORACOSCOPY W/WEDGE RESECT	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Other	Approved	1		0		0
THORACOSCOPY W/WEDGE RESECT	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Other	Denied	1	Services are not medically necessary	1		0
THORACOSCOPY W/WEDGE RESECT	PYOTHORAX WITHOUT FISTULA	Facility	Approved	1		0		0
THORACOSCOPY W/WEDGE RESECT	SOLITARY PULMONARY NODULE	Facility	Denied	1	Services are not medically necessary	1		0
THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Gastroenterology		0		0	Denied	1
THORAX SPINE FUSION	ADULT OSTEOCHONDROSIS OF SPINE, THORACIC REGION	Facility	Approved	1		0		0
THORAX SPINE FUSION	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Facility	Approved	1		0		0
THORAX SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Facility	Approved	1		0		0
THORAX SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	Other	Approved	1		0		0
THORAX SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Other	Approved	1		0		0
THORAX SPINE FUSION	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
THORAX SPINE FUSION	SPINAL STENOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
THRMBC/NFS DIALYSIS CIRCUIT	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
THRMBC/NFS DIALYSIS CIRCUIT	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	3		0		0
THROAT MUSCLE SURGERY	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
THROMBOLYTIC VENOUS THERAPY	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	Other	Approved	1		0		0
THYROGEN 1.1 MG VIAL	MALIGNANT NEOPLASM OF THYROID GLAND	Endocrinology And Metabolism	Approved	1		0		0
THYROTROPIN INJECTION	C73 - Thyroid cancer (HCC)	Endocrinology	Approved	1		0		0
THYROTROPIN INJECTION	CONFLAGRATION IN PRIVATE DWELLING	Family Medicine	Approved	1		0		0
THYROTROPIN INJECTION	MALIGNANT NEOPLASM OF THYROID GLAND	Family Medicine	Approved	1		0		0
THYROTROPIN INJECTION	POSTPROCEDURAL HYPOTHYROIDISM	Family Medicine	Approved	1		0		0
TIB/PER REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Ancillary	Approved	1		0		0
TIB/PER REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
TIB/PER REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
TIB/PER REVASC STENT & ATHER	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0
TIB/PER REVASC STENT & ATHER	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
TIB/PER REVASC STENT & ATHER	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC STENT & ATHER	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Denied	1	Services are not medically necessary	1		0

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TIB/PER REVASC STENT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC STENT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC STENT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC STENT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Vascular & Interventional Radiology	Approved	1		0		0
TIB/PER REVASC STENT & ATHER	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC STNT & ATHER	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Vascular & Interventional Radiology	Approved	1		0		0
TIB/PER REVASC STNT & ATHER	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	Surgery, Vascular	Approved	1		0		0
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Cardiology, Interventional	Approved	1		0		0
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Ancillary	Approved	1		0		0
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	Ancillary	Approved	1		0		0
TIB/PER REVASC W/ATHER	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
TIB/PER REVASC W/ATHER	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Ancillary	Approved	1		0		0
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, General	Approved	1		0		0
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC W/ATHER	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Facility	Approved	1		0		0
TIB/PER REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
TIB/PER REVASC W/STENT	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, LEFT LEG	Surgery, Vascular	Approved	1		0		0
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0

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TIBPER REVAS W/ATHER ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Cardiology, Interventional	Approved	1		0		0
TIBPER REVAS W/ATHER ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	Ancillary	Approved	1		0		0
TIBPER REVAS W/ATHER ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, UNSP EXTRM	Radiology	Approved	1		0		0
TIBPER REVAS W/ATHER ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
TIROSINT 75 MCG CAPSULE	HYPOTHYROIDISM, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
TIS TRNFR ANY 30.1-60 SQ CM	TRANSSEXUALISM	Facility	Approved	1		0		0
TIS TRNFR F/C/C/M/N/A/G/H/F	CORNS AND CALLOSITIES	Ancillary	Approved	1		0		0
TIS TRNFR TRUNK 10 SQ CM/<	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
TISAGENLEUCCEL CAR-POS T	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE	Physician Assistant	Approved	1		0		0
TISSUE EXAM BY PATHOLOGIST	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
TISSUE EXAM BY PATHOLOGIST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
TISSUE EXAM BY PATHOLOGIST	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
TIVICAY 50 MG TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Infectious Disease	Approved	1		0		0
TIVICAY 50 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Family Nurse Practitioner Primary Care	Approved	3		0		0
TIVICAY 50 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	10		0		0
TIVICAY 50 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	5		0		0
TIVICAY 50 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Nurse Practitioner	Approved	1		0		0
TIVORBEX 20 MG CAPSULE		Family Medicine	Approved	1		0		0
TIVORBEX 20 MG CAPSULE	PAIN, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
TIVORBEX 40 MG CAPSULE	CHRONIC PAIN SYNDROME	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
TLH UTERUS 250 G OR LESS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	7		0		0
TLH UTERUS 250 G OR LESS	BEN LIPOMATOUS NEOPLM OF SKIN, SUBCU OF HEAD, FACE AND NECK	Facility	Approved	1		0		0
TLH UTERUS 250 G OR LESS	BENIGN NEOPLASM OF RIGHT OVARY	Facility	Approved	1		0		0
TLH UTERUS 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	1		0		0
TLH UTERUS 250 G OR LESS	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
TLH UTERUS 250 G OR LESS	RECTOCELE	Other	Approved	1		0		0
TLH UTERUS 250 G OR LESS	TORSION OF OVARY AND OVARIAN PEDICLE, UNSPECIFIED SIDE	Facility	Approved	1		0		0
TLH UTERUS OVER 250 G	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	9		0		0
TLH W/T/O 250 G OR LESS	BENIGN ENDOMETRIAL HYPERPLASIA	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	3		0		0
TLH W/T/O 250 G OR LESS	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	CONSTIPATION, UNSPECIFIED	Facility	Approved	2		0		0

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TLH W/T/O 250 G OR LESS	DYSMENORRHEA, UNSPECIFIED	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Facility	Denied	1	Services are not medically necessary	1		0
TLH W/T/O 250 G OR LESS	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	Facility	Approved	5		0		0
TLH W/T/O 250 G OR LESS	ENDOMETRIOSIS, UNSPECIFIED	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	5		0		0
TLH W/T/O 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Denied	1	Services are not medically necessary	1		0
TLH W/T/O 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Other	Denied	2	Services are not medically necessary	2		0
TLH W/T/O 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	17		0		0
TLH W/T/O 250 G OR LESS	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
TLH W/T/O 250 G OR LESS	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	1		0		0
TLH W/T/O 250 G OR LESS	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	9		0		0
TLH W/T/O 250 G OR LESS	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	7		0		0
TLH W/T/O 250 G OR LESS	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	6		0		0
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	MILD CERVICAL DYSPLASIA	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	OTHER OVARIAN CYST, UNSPECIFIED SIDE	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	PELVIC AND PERINEAL PAIN	Facility	Approved	6		0		0
TLH W/T/O 250 G OR LESS	PERSONAL HISTORY OF PULMONARY EMBOLISM	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	POLYP OF CERVIX UTERI	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	POSTMENOPAUSAL BLEEDING	Facility	Approved	3		0		0
TLH W/T/O 250 G OR LESS	PRIMARY DYSMENORRHEA	Facility	Approved	2		0		0
TLH W/T/O 250 G OR LESS	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	SHORTNESS OF BREATH	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	STRESS INCONTINENCE (FEMALE) (MALE)	Facility	Denied	1	Services are not medically necessary	1		0
TLH W/T/O 250 G OR LESS	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Approved	3		0		0
TLH W/T/O 250 G OR LESS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
TLH W/T/O 250 G OR LESS	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	Facility	Approved	1		0		0
TLH W/T/O 250 G OR LESS	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Facility	Approved	3		0		0
TLH W/T/O UTERUS OVER 250 G	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	8		0		0
TLH W/T/O UTERUS OVER 250 G	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	4		0		0
TLH W/T/O UTERUS OVER 250 G	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Facility	Approved	2		0		0
TLH W/T/O UTERUS OVER 250 G	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	6		0		0
TLH W/T/O UTERUS OVER 250 G	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	8		0		0
TLH W/T/O UTERUS OVER 250 G	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF OVARY	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	INCOMPLETE UTEROVAGINAL PROLAPSE	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	2		0		0
TLH W/T/O UTERUS OVER 250 G	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	4		0		0
TLH W/T/O UTERUS OVER 250 G	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	12		0		0
TLH W/T/O UTERUS OVER 250 G	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	3		0		0
TLH W/T/O UTERUS OVER 250 G	MALIGNANT NEOPLASM OF ENDOMETRIUM	Internal Medicine	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	OTHER DYSPHAGIA	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	2		0		0
TLH W/T/O UTERUS OVER 250 G	OTHER OVARIAN CYST, RIGHT SIDE	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	3		0		0
TLH W/T/O UTERUS OVER 250 G	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	POSTMENOPAUSAL BLEEDING	Facility	Approved	3		0		0
TLH W/T/O UTERUS OVER 250 G	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Family Medicine	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	RIGHT LOWER QUADRANT PAIN	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Approved	2		0		0
TLH W/T/O UTERUS OVER 250 G	SUBSEROAL LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SITE	Facility	Approved	1		0		0

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TLSO RIGIDLINED CUST FAB TWO	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Facility	Denied	1	Services are not medically necessary	1		0
TOBI 300 MG/5 ML SOLUTION	ACUTE PULMONARY INSUFFICIENCY FOLLOWING NONTHORACIC SURGERY	Pediatrics	Approved	1		0		0
TOBRAMYCIN 300 MG/5 ML AMPULE	BRONCHIECTASIS, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
TOBRAMYCIN 300 MG/5 ML AMPULE	CYSTIC FIBROSIS, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
TOBRAMYCIN 300 MG/5 ML AMPULE	EMPHYSEMA, UNSPECIFIED	Chiropractic	Denied	1	Services are not medically necessary	1		0
TOBRAMYCIN 300 MG/5 ML AMPULE	OTHER SPECIFIED RESPIRATORY DISORDERS	Internal Medicine	Approved	1		0		0
TOBRAMYCIN 300 MG/5 ML AMPULE	PNEUMONIA, UNSPECIFIED ORGANISM	Internal Medicine	Approved	1		0		0
TOBRAMYCIN 300 MG/5 ML AMPULE	PSEUDOMONAS (MALLEI) CAUSING DISEASES CLASSD ELSWHR	Infectious Disease	Approved	1		0		0
TOBRAMYCIN SULFATE INJECTION	OTHER DISORDERS OF LUNG	Ancillary	Approved	2		0		0
TOCILIZUMAB INJECTION	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Pediatrics	Approved	1		0		0
TOCILIZUMAB INJECTION	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Approved	1		0		0
TOCILIZUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
TOCILIZUMAB INJECTION	OTHER GIANT CELL ARTERITIS	Rheumatology	Denied	1	Services are not medically necessary	1		0
TOCILIZUMAB INJECTION	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
TOCILIZUMAB INJECTION	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
TOCILIZUMAB INJECTION	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	Ancillary	Approved	1		0		0
TOCILIZUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	2		0		0
TOCILIZUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	3		0		0
TOCILIZUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	7		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	5		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Facility	Approved	1		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Infectious Disease	Approved	1		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
TOCILIZUMAB INJECTION	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Rheumatology	Approved	1		0		0
TOPAMAX 100 MG TABLET	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	Neurology	Denied	1	Services are not medically necessary	1		0
TOPAMAX 100 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PART SEIZ, NOT NTRCT, W STAT EPI	Neurology	Approved	1		0		0
TOPAMAX 50 MG TABLET	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W STAT EPI	Neurology	Approved	1		0		0
TOPAMAX 50 MG TABLET	TOURETTE'S DISORDER	Neurology	Denied	1	Services are not medically necessary	1		0
TOPICORT 0.25% SPRAY	OTHER PRURITUS	Dermatology	Denied	1	Services are not medically necessary	1		0
TOPICORT 0.25% SPRAY	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
TOPIRAMATE 25 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TOPIRAMATE ER 200 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TOPOTECAN INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
TOPOTECAN ORAL	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0

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TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	SPINAL STENOSIS, CERVICAL REGION	Urology		0		0	Denied	1
TOTAL HIP ARTHROPLASTY	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Facility	Approved	1		0		0
TOTAL HIP ARTHROPLASTY	PAIN IN UNSPECIFIED HIP	Facility	Approved	1		0		0
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Facility	Approved	5		0		0
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Facility	Approved	4		0		0
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Other	Approved	2		0		0
TOTAL HYSTERECTOMY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	5		0		0
TOTAL HYSTERECTOMY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	CYSTOCELE, UNSPECIFIED	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	DYSMENORRHEA, UNSPECIFIED	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	ENDOMETRIOSIS OF UTERUS	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Facility	Approved	4		0		0
TOTAL HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Other	Approved	3		0		0
TOTAL HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	6		0		0
TOTAL HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Other	Approved	5		0		0
TOTAL HYSTERECTOMY	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	HYPERTROPHY OF UTERUS	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	3		0		0
TOTAL HYSTERECTOMY	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	5		0		0
TOTAL HYSTERECTOMY	INTRAMURAL LEIOMYOMA OF UTERUS	Other	Approved	4		0		0
TOTAL HYSTERECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	18		0		0
TOTAL HYSTERECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Other	Approved	11		0		0
TOTAL HYSTERECTOMY	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	Gynecologic Oncology	Approved	1		0		0
TOTAL HYSTERECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	Other	Approved	2		0		0
TOTAL HYSTERECTOMY	NONINFLAMMATORY DISORDER OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	NONINFLAMMATORY DISORDER OF UTERUS, UNSPECIFIED	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF UTERUS	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	PELVIC AND PERINEAL PAIN	Facility	Approved	5		0		0
TOTAL HYSTERECTOMY	POSTMENOPAUSAL BLEEDING	Facility	Approved	3		0		0
TOTAL HYSTERECTOMY	PREMENSTRUAL DYSPHORIC DISORDER	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	SUBMUCOUS LEIOMYOMA OF UTERUS	Other	Approved	2		0		0
TOTAL HYSTERECTOMY	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Other	Approved	1		0		0

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TOTAL KNEE ARTHROPLASTY	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Approved	4		0		0
TOTAL KNEE ARTHROPLASTY	PAIN IN RIGHT KNEE	Facility	Approved	1		0		0
TOTAL KNEE ARTHROPLASTY	PAIN IN RIGHT KNEE	HOSPITAL	Approved	1		0		0
TOTAL KNEE ARTHROPLASTY	PLANTAR FASCIAL FIBROMATOSIS	HOSPITAL	Approved	1		0		0
TOTAL KNEE ARTHROPLASTY	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	Facility	Approved	1		0		0
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Facility	Approved	11		0		0
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	HOSPITAL	Approved	1		0		0
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	10		0		0
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	HOSPITAL	Approved	2		0		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIAB WITH MILD NONP RTNOP WITHOUT MACULAR EDEMA, BI	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	4	Services are not medically necessary	4		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TOUJEO MAX SOLOSTR 300 UNIT/ML	TYPE 2 DIAB WITH MILD NONP RTNOP WITHOUT MACULAR EDEMA, BI	Family Medicine	Denied	2	Services are not medically necessary	2		0
TOUJEO MAX SOLOSTR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML		Family Medicine	Denied	2	Services are not medically necessary	2		0
TOUJEO SOLOSTAR 300 UNIT/ML	LONG TERM (CURRENT) USE OF INSULIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIAB W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA (NKHHC)	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	General Practice	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	4		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	8	Services are not medically necessary	8		0

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TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	4	Services are not medically necessary	4		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	General Practice	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	2		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	4	Services are not medically necessary	4		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	2		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	6	Services are not medically necessary	6		0
		Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	6	Services are not medically necessary	6		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	3	Services are not medically necessary	3		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
TOVIAZ ER 4 MG TABLET	OVERACTIVE BLADDER	Urology	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 4 MG TABLET	URGENCY OF URINATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 4 MG TABLET	URGENCY OF URINATION	Nurse Practitioner	Approved	1		0		0
TOVIAZ ER 8 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 8 MG TABLET	OVERACTIVE BLADDER	Gynecology (No OB)	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 8 MG TABLET	OVERACTIVE BLADDER	Urology	Approved	2		0		0
TOVIAZ ER 8 MG TABLET	OVERACTIVE BLADDER	Urology	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 8 MG TABLET	URGE INCONTINENCE	Urology	Denied	1	Services are not medically necessary	1		0
TPMT GENE COM VARIANTS	ENCOUNTER FOR SCREENING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
TPMT GENE COM VARIANTS	INFLAMMATORY POLYARTHROPATHY	Ancillary	Denied	1	Services are not medically necessary	1		0
TPMT GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
TPMT GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TPMT GENE COM VARIANTS	OTHER SPECIFIED DERMATITIS	Ancillary	Approved	1		0		0
TPRNL PLMT BIODEGRDABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
TPRNL PLMT BIODEGRDABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	Radiology, Diagnostic	Approved	2		0		0
TPRNL PLMT BIODEGRDABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	Surgery, General	Approved	1		0		0
TPRNL PLMT BIODEGRDABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	8		0		0
TRABECULOPLASTY LASER SURG	LOW-TENSION GLAUCOMA, LEFT EYE, SEVERE STAGE	Facility	Approved	1		0		0
TRACH PROS CLEANING DEVICE	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Approved	1		0		0
TRACH PROS CLEANING DEVICE	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	Ancillary	Denied	2	Services are not medically necessary	2		0
TRACH PROS CLEANING DEVICE	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
TRACH/LARYN TUBE NON-CUFFED	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
TRACHEOSTOMA FILTER	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
TRACHEOSTOMA VALVE W DIAPHRA	TRACHEOSTOMY STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
TRACHEOSTOMY CARE KIT	ACUTE BRONCHITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
TRACHEOSTOMY CARE KIT	TRACHEOSTOMY STATUS	Ancillary	Approved	1		0		0
	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
TRACHEOSTOMY INNER CANNULA	TRACHEOSTOMY STATUS	Ancillary	Approved	1		0		0
TRACHEOSTOMY TUBE COLLAR	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Ancillary	Approved	1		0		0
TRACHEOSTOMY TUBE COLLAR	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
TRACLEER 125 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
TRADJENTA	Type 2 diabetes mellitus with hyperglycemia	Behavioral Nurse		0		0	Denied	1
		Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	IMPAIRED FASTING GLUCOSE	Family Medicine	Denied	3	Services are not medically necessary	3		0

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TRADJENTA 5 MG TABLET	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIAB WITH MOD NONP RTNOP WITHOUT MACULAR EDEMA, BI	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Internal Medicine	Approved	2		0		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Nephrology	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	4	Services are not medically necessary	4		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	2		0		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	9	Services are not medically necessary	9		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	7	Services are not medically necessary	7		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Approved	2		0		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES W UNSP DIABETIC RTNOP W/O MACULAR EDEMA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
TRAMADOL ER 100 MG TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
TRAMADOL HCL 50 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Physical Medicine	Denied	1	Services are not medically necessary	1		0
TRAMADOL HCL ER 100 MG TABLET	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
TRAMADOL HCL ER 100 MG TABLET	OTHER CHRONIC PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRANEXAMIC ACID 650 MG TABLET	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Obstetrics/Gynecology	Approved	5		0		0
TRANEXAMIC ACID 650 MG TABLET	CHLOASMA	Dermatology	Denied	1	Services are not medically necessary	1		0
TRANEXAMIC ACID 650 MG TABLET	DYSMENORRHEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	DYSMENORRHEA, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	ENDOMETRIOSIS OF UTERUS	Obstetrics/Gynecology	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Obstetrics/Gynecology	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Obstetrics/Gynecology	Approved	15		0		0
TRANEXAMIC ACID 650 MG TABLET	HEREDITARY FACTOR IX DEFICIENCY	Pediatric Hematology/Oncology	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	LEIOMYOMA OF UTERUS, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Obstetrics/Gynecology	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
TRANEXAMIC ACID 650 MG TABLET	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Obstetrics/Gynecology	Approved	1		0		0
TRANEXAMIC ACID 650 MG TABLET	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Internal Medicine	Approved	1		0		0

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TRANEXAMIC ACID 650 MG TABLET	VON WILLEBRAND'S DISEASE	Hematology	Approved	1		0		0
TRANSCATH CLOSURE OF ASD	ATRIAL SEPTAL DEFECT	Facility	Approved	14		0		0
TRANSCATH CLOSURE OF ASD	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	1		0		0
TRANSCATH CLOSURE OF ASD	DISP FX OF NECK OF UNSP METACARPAL BONE, INIT FOR CLOS FX	Facility	Approved	1		0		0
TRANSCATH CLOSURE OF ASD	HYPOPLASTIC LEFT HEART SYNDROME	Facility	Approved	1		0		0
TRANSCATH CLOSURE OF ASD	MASTODYNIA	Facility	Approved	1		0		0
TRANSCATH CLOSURE OF ASD	OTHER CEREBROVASCULAR DISEASE	Facility	Denied	1	Services are not medically necessary	1		0
TRANSCATH CLOSURE OF ASD	PULMONARY HYPERTENSION, UNSPECIFIED	Facility	Approved	1		0		0
TRANSCATH CLOSURE OF VSD	PULMONARY HYPERTENSION, UNSPECIFIED	Facility	Approved	1		0		0
TRANSCATH EMBOLIZ MICROSPHER	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
TRANSCATH OCCLUSION CNS	ANEURYSM OF CAROTID ARTERY	Other	Approved	1		0		0
TRANSCATH OCCLUSION CNS	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	Facility	Approved	1		0		0
TRANSCATH OCCLUSION CNS	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Facility	Approved	1		0		0
TRANSCATH OCCLUSION CNS	BENIGN NEOPLASM OF CEREBRAL MENINGES	Other	Approved	1		0		0
TRANSCATH OCCLUSION CNS	CEREBRAL ANEURYSM, NONRUPTURED	Facility	Approved	5		0		0
TRANSCATH OCCLUSION CNS	CEREBRAL ANEURYSM, NONRUPTURED	Other	Approved	3		0		0
TRANSCATH OCCLUSION CNS	MALIG NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Facility	Approved	2		0		0
TRANSCATH OCCLUSION CNS	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM OTH INTRACRAN ART	Other	Approved	1		0		0
TRANSCATH OCCLUSION CNS	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Facility	Approved	1		0		0
TRANSCATH OCCLUSION NON-CNS	ANEURYSM OF CAROTID ARTERY	Facility	Approved	1		0		0
TRANSCATH OCCLUSION NON-CNS	CEREBRAL ANEURYSM, NONRUPTURED	Facility	Approved	1		0		0
TRANSCATH OCCLUSION NON-CNS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Psychiatry		0		0	Approved	1
TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Psychiatry		0		0	Denied	1
TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE (EG, LEFT THORACOTOMY)	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Neurology		0		0	Denied	1
TRANSCATHETER BIOPSY	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; INITIAL VEIN	Intracranial and intraspinal phlebitis and thrombophlebitis	Surgery, Plastic		0		0	Denied	1
Transcranial Magnetic Stimulation (TMS)	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Physician		0		0	Approved	1
Transcranial Magnetic Stimulation (TMS)	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	Behavioral Health Physician		0		0	Denied	1
Transcranial Magnetic Stimulation (TMS)	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	Behavioral Health Physician		0		0	Approved	1
TRANSCRANIAL MAGNETIC STIMULATION (TMS)	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Provider	Approved	20		0		0
TRANSLUM DIL EYE CANAL	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Approved	1		0		0
TRANSLUM DIL EYE CANAL	DRY EYE SYNDROME OF RIGHT LACRIMAL GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
TRANSLUM DIL EYE CANAL	OTHER AGE-RELATED CATARACT	Ancillary	Approved	1		0		0
TRANSLUM DIL EYE CANAL	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, MODERATE STAGE	Ancillary	Approved	1		0		0
TRANSLUM DIL EYE CANAL	UNSPECIFIED OPEN-ANGLE GLAUCOMA, MILD STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0

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TRANSPL ALLOGRAFT PANCREAS	END STAGE RENAL DISEASE	Facility	Approved	5		0		0
TRANSPL ALLOGRAFT PANCREAS	FEVER, UNSPECIFIED	Facility	Approved	2		0		0
TRANSPL ALLOGRAFT PANCREAS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
TRANSPL ALLOGRAFT PANCREAS	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF HEART	ACUTE EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	Facility	Approved	2		0		0
TRANSPLANTATION OF HEART	CARDIAC ARRHYTHMIA, UNSPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF HEART	CARDIOMYOPATHY IN DISEASES CLASSIFIED ELSEWHERE	Facility	Approved	2		0		0
TRANSPLANTATION OF HEART	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	3		0		0
TRANSPLANTATION OF HEART	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	3		0		0
TRANSPLANTATION OF HEART	DILATED CARDIOMYOPATHY	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	ENCNTR FOR EXAM FOR NRML CMPSRN AND CTRL IN CLNCL RSRCH PROG	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	HEART FAILURE, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
TRANSPLANTATION OF HEART	HEART FAILURE, UNSPECIFIED	Facility	Approved	10		0		0
TRANSPLANTATION OF HEART	HEART FAILURE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRANSPLANTATION OF HEART	ILLNESS, UNSPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF HEART	ISCHEMIC CARDIOMYOPATHY	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	OLD MYOCARDIAL INFARCTION	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	OTHER CARDIOMYOPATHIES	Facility	Approved	3		0		0
TRANSPLANTATION OF HEART	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	2		0		0
TRANSPLANTATION OF HEART	VENTRICULAR FIBRILLATION	Facility	Approved	1		0		0
TRANSPLANTATION OF HEART	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	ALTERED MENTAL STATUS, UNSPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Facility	Approved	9		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	10		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 5	Other	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Facility	Approved	7		0		0
TRANSPLANTATION OF KIDNEY	CYSTIC DISEASE OF LIVER	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	DEPENDENCE ON RENAL DIALYSIS	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	Facility	Approved	112		0		0
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	Facility	Denied	1	Services are not medically necessary	1		0
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	4		0		0
TRANSPLANTATION OF KIDNEY	FEVER, UNSPECIFIED	Facility	Approved	3		0		0
TRANSPLANTATION OF KIDNEY	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	Facility	Approved	1		0		0

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TRANSPLANTATION OF KIDNEY	HYPERLIPIDEMIA, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	ILLNESS, UNSPECIFIED	Facility	Approved	3		0		0
TRANSPLANTATION OF KIDNEY	KIDNEY TRANSPLANT REJECTION	Ancillary	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	LOWER ABDOMINAL PAIN, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	NAUSEA WITH VOMITING, UNSPECIFIED	Facility	Approved	5		0		0
TRANSPLANTATION OF KIDNEY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	OTHER CIRRHOSIS OF LIVER	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	OTHER FORMS OF DYSPNEA	Facility	Approved	4		0		0
TRANSPLANTATION OF KIDNEY	PNEUMONIA DUE TO PSEUDOMONAS	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	RECTAL ABSCESS	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	SHORTNESS OF BREATH	Facility	Approved	3		0		0
TRANSPLANTATION OF KIDNEY	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	UNSPECIFIED COMPLICATION OF HEART TRANSPLANT	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	UNSPECIFIED CONVULSIONS	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF LIVER	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	Cardiovascular Disease	Approved	1		0		0
TRANSPLANTATION OF LIVER	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	Facility	Approved	4		0		0
TRANSPLANTATION OF LIVER	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Facility	Approved	4		0		0
TRANSPLANTATION OF LIVER	AUTOIMMUNE HEPATITIS	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	BENIGN NEOPLASM OF LIVER	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	CONTAMINATED OR INFECTED BLOOD, OTHER FLUID, DRUG, OR BIOLOGICAL SUBSTANCE	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	CYSTIC DISEASE OF LIVER	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	DIARRHEA, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	ENCEPHALOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	END STAGE RENAL DISEASE	Facility	Approved	4		0		0
TRANSPLANTATION OF LIVER	HYPERKALEMIA	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	HYPOTENSION, UNSPECIFIED	Facility	Approved	4		0		0
TRANSPLANTATION OF LIVER	LIVER CELL CARCINOMA	Facility	Approved	2		0		0
TRANSPLANTATION OF LIVER	LIVER CELL CARCINOMA	Facility	Denied	1	Services are not medically necessary	1		0
TRANSPLANTATION OF LIVER	LIVER TRANSPLANT STATUS	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	NONALCOHOLIC STEATOHEPATITIS (NASH)	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	NONALCOHOLIC STEATOHEPATITIS (NASH)	Internal Medicine	Approved	1		0		0
TRANSPLANTATION OF LIVER	NONALCOHOLIC STEATOHEPATITIS (NASH)	Pediatrics	Approved	1		0		0
TRANSPLANTATION OF LIVER	OTHER ASCITES	Facility	Approved	3		0		0
TRANSPLANTATION OF LIVER	OTHER CIRRHOSIS OF LIVER	Facility	Approved	4		0		0
TRANSPLANTATION OF LIVER	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	PAIN IN LEFT SHOULDER	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	POLYCYSTIC KIDNEY, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	11		0		0
TRANSPLANTATION OF LIVER	UNSPECIFIED CONVULSIONS	Facility	Approved	1		0		0

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TRANSPLANTATION OF LIVER	WEAKNESS	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	5		0		0
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE	Facility	Approved	4		0		0
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	2		0		0
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	8		0		0
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	APLASTIC ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	BONE MARROW TRANSPLANT STATUS	Facility	Approved	2		0		0
TRANSPLT ALLO HCT/DONOR	BURKITT LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	2		0		0
TRANSPLT ALLO HCT/DONOR	CHEST PAIN, UNSPECIFIED	Facility	Approved	5		0		0
TRANSPLT ALLO HCT/DONOR	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT ACHIEVE REMISSION	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Facility	Approved	4		0		0
TRANSPLT ALLO HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	MYELOFIBROSIS	Facility	Approved	4		0		0
TRANSPLT ALLO HCT/DONOR	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	Facility	Approved	2		0		0
TRANSPLT ALLO HCT/DONOR	SICKLE-CELL DISEASE WITHOUT CRISIS	Facility	Approved	2		0		0
TRANSPLT ALLO HCT/DONOR	SICKLE-CELL THALASSEMIA WITHOUT CRISIS	Facility	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE	Oncology	Approved	2		0		0
TRANSPLT AUTOL HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	6		0		0
TRANSPLT AUTOL HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	10		0		0
TRANSPLT AUTOL HCT/DONOR	END STAGE RENAL DISEASE	Ancillary	Approved	3		0		0
TRANSPLT AUTOL HCT/DONOR	EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	2		0		0
TRANSPLT AUTOL HCT/DONOR	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	Facility	Approved	5		0		0
TRANSPLT AUTOL HCT/DONOR	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA	Other	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA IN REMISSION	Surgery, Thoracic	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	51		0		0
TRANSPLT AUTOL HCT/DONOR	NODULAR SCLER HODGKIN LYMPH, EXTRNOD AND SOLID ORGAN SITES	Facility	Denied	1	Services are not medically necessary	1		0
TRANSPLT AUTOL HCT/DONOR	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	4		0		0
TRANSPLT AUTOL HCT/DONOR	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, NODES MULT SITE	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	5		0		0

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TRANSPORT PORTABLE X-RAY	HEMIPPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
TRANSTEMPORAL APPROACH/SKULL	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Facility	Approved	1		0		0
TRCATH REPLACE AORTIC VALVE	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	Facility	Approved	2		0		0
TREAT CHEEK BONE FRACTURE; OBS/IP HOSP SAME DATE	S02.32XA - Fracture of orbital floor, left side, initial encounter for closed fracture; S02.402B - Zygomatic fracture, unspecified side, initial encounter for open fracture	Plastic Surgery	Approved	1		0		0
TREAT CLAVICLE DISLOCATION	DISLOCATION OF R ACROMIOCLAV JT, 100%-200% DISPLACMNT, INIT	Facility	Approved	1		0		0
TREAT CLAVICLE DISLOCATION	DISP FX OF LATERAL END OF L CLAVICLE, SUBS FOR FX W NONUNION	Facility	Approved	1		0		0
TREAT CLAVICLE DISLOCATION	UNSP DISLOCATION OF LEFT ACROMIOCLAVICULAR JOINT, INIT	Ancillary	Approved	1		0		0
TREAT CLAVICLE FRACTURE	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT CLAVICLE FRACTURE	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W ROUTN HEAL	Facility	Approved	1		0		0
TREAT CLAVICLE FRACTURE	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
TREAT CLAVICLE FRACTURE	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Facility	Approved	1		0		0
TREAT CRANIOFACIAL FRACTURE	UNSPECIFIED INJURY OF FACE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
TREAT ECTOPIC PREGNANCY	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	Facility	Approved	1		0		0
TREAT ECTOPIC PREGNANCY	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	Facility	Approved	1		0		0
TREAT ECTOPIC PREGNANCY	UNSPECIFIED RENAL COLIC	Facility	Approved	1		0		0
TREAT FINGER FRACTURE EACH	DISP FX OF DIST PHALANX OF UNSP FNGR, 7THG	Ancillary	Approved	1		0		0
TREAT FINGER FRACTURE EACH	DISP FX OF MIDDLE PHALANX OF R LITTLE FINGER, INIT	Ancillary	Approved	1		0		0
TREAT FINGER FRACTURE EACH	DISP FX OF MIDDLE PHALANX OF RIGHT RING FINGER, INIT	Ancillary	Approved	1		0		0
TREAT FINGER FRACTURE EACH	DISP FX OF MIDDLE PHALANX OF UNSPECIFIED FINGER, INIT	Ancillary	Approved	1		0		0
TREAT FINGER FRACTURE EACH	DISP FX OF PROX PHALANX OF R THM, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
TREAT FINGER FRACTURE EACH	DISP FX OF PROXIMAL PHALANX OF LEFT LITTLE FINGER, INIT	Ancillary	Approved	1		0		0
TREAT FINGER FRACTURE EACH	DISP FX OF PROXIMAL PHALANX OF RIGHT LITTLE FINGER, INIT	Ancillary	Approved	1		0		0
TREAT FINGER FRACTURE EACH	ENCOUNTER FOR EXAMINATION FOR RECRUITMENT TO ARMED FORCES	Internal Medicine	Approved	1		0		0
TREAT FINGER FRACTURE, EACH; ANCHOR/SCREW BN/BN,TIS/BN	S62.616A - Displaced fracture of proximal phalanx of right little finger, initial encounter for closed fracture	Plastic Surgery	Approved	1		0		0
TREAT FINGER FRACTURE, EACH; REMOVAL OF BONE FOR GRAFT	S62.617A - Displaced fracture of proximal phalanx of left little finger, initial encounter for closed fracture	Plastic Surgery	Approved	1		0		0
TREAT FRACTURE OF ULNA	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF LEFT ULNA, INIT	Ancillary	Approved	1		0		0
TREAT FRACTURE OF ULNA	OTHER SPECIFIED JOINT DISORDERS, RIGHT WRIST	Facility	Approved	1		0		0
TREAT FRACTURE OF ULNA	UNEQUAL LIMB LENGTH (ACQUIRED), UNSPECIFIED ULNA AND RADIUS	Facility	Approved	1		0		0
TREAT FRACTURE OF ULNA	UNSP FRACTURE OF SHAFT OF RIGHT ULNA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT FRACTURE RADIUS/ULNA	OTH EXTRARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	Facility	Approved	1		0		0
TREAT FRACTURE RADIUS/ULNA	UNSP FRACTURE OF LEFT FOREARM, INIT FOR CLOS FX	Facility	Approved	2		0		0

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TREAT FRACTURE RADIUS/ULNA	UNSP FRACTURE OF SHAFT OF LEFT ULNA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT FRACTURE RADIUS/ULNA	UNSP FRACTURE OF THE LOWER END OF LEFT RADIUS, INIT	Facility	Approved	1		0		0
TREAT FX DISTAL RADIAL	DISPL TRANSVERSE FX SHAFT OF L RAD, 7THD	Ancillary	Approved	1		0		0
TREAT FX DISTAL RADIAL	FRACTURE OF UNSP CARPAL BONE, LEFT WRIST, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT FX DISTAL RADIAL	OTH EXTRARTIC FX LOW END L RAD, SUBS FOR CLOS FX W MALUNION	Ancillary	Approved	1		0		0
TREAT FX RAD INTRA-ARTICUL	FRACTURE OF UNSP CARPAL BONE, LEFT WRIST, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT FX RAD INTRA-ARTICUL	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	Ancillary	Approved	1		0		0
TREAT FX RAD INTRA-ARTICUL	UNSP FRACTURE OF THE LOWER END OF LEFT RADIUS, INIT	Ancillary	Approved	2		0		0
TREAT FX RAD INTRA-ARTICUL	UNSP FX THE LOWER END LEFT RAD, SUBS FOR CLOS FX W MALUNION	Ancillary	Approved	1		0		0
TREAT FX RAD INTRA-ARTICUL	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNR	Ancillary	Approved	1		0		0
TREAT FX RADIAL 3+ FRAG	OTH INTARTIC FX LOW END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
TREAT FX RADIAL 3+ FRAG	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	Ancillary	Approved	1		0		0
TREAT HAND DISLOCATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
TREAT HEEL FRACTURE	DISP FX OF BODY OF RIGHT CALCANEUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT HIP DISLOCATION	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
TREAT HIP DISLOCATION	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
TREAT HUMERUS FRACTURE	DISPL SIMPLE SUPRCNDL FX W/O INTRCNDL FX R HUMERUS, INIT	Ancillary	Approved	2		0		0
TREAT HUMERUS FRACTURE	DISPLACED TRANSVERSE FX SHAFT OF HUMERUS, LEFT ARM, INIT	Facility	Approved	1		0		0
TREAT HUMERUS FRACTURE	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	Facility	Approved	1		0		0
TREAT HUMERUS FRACTURE	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Facility	Approved	1		0		0
TREAT HUMERUS FRACTURE	UNSP FRACTURE OF UPPER END OF LEFT HUMERUS, INIT FOR CLOS FX	Other	Approved	1		0		0
TREAT HUMERUS FRACTURE	UNSP FX SHAFT OF HUMERUS, RIGHT ARM, SUBS FOR FX W MALUNION	Facility	Approved	1		0		0
TREAT HUMERUS FRACTURE	UNSPECIFIED DISLOCATION OF RIGHT SHOULDER JOINT, INIT ENCNR	Facility	Approved	1		0		0
TREAT HUMERUS FRACTURE; ANCILLARY ANESTHESIOLOGIST; INITIAL HOSPITAL CARE	T14.8XXA - Other injury of unspecified body region, initial encounter	Orthopedic Surgery-Sports Medicine	Approved	1		0		0
TREAT KNEE FRACTURE	DISP FX OF RIGHT TIBIAL TUBEROSITY, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT KNEE FRACTURE	DISPL BICONDYLAR FX R TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Other	Denied	1	Services are not medically necessary	1		0
TREAT KNEE FRACTURE	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INIT	Ancillary	Approved	1		0		0
TREAT KNEE FRACTURE	DISPLACED BICONDYLAR FX UNSP TIBIA, INIT FOR OPN FX TYPE 1/2	Internal Medicine	Approved	1		0		0
TREAT KNEE FRACTURE; INITIAL HOSPITAL CARE	I82.4Z2 - Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity; S82.142A - Displaced bicondylar fracture of left tibia, initial encounter for closed fracture	Orthopedic Surgery-Sports Medicine	Approved	1		0		0

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TREAT KNEECAP FRACTURE	DISPLACED COMMINUTED FRACTURE OF LEFT PATELLA, INIT	Facility	Approved	1		0		0
TREAT KNEECAP FRACTURE	DISPLACED OSTEOCHONDRAL FRACTURE OF LEFT PATELLA, INIT	Facility	Approved	1		0		0
TREAT KNEECAP FRACTURE	EFFUSION, LEFT ANKLE	Facility	Approved	1		0		0
TREAT KNEECAP FRACTURE	FIBROSIS DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
TREAT KNEECAP FRACTURE	LATERAL DISLOCATION OF RIGHT PATELLA, INITIAL ENCOUNTER	Facility	Approved	1		0		0
TREAT KNEECAP FRACTURE	UNSP FRACTURE OF LEFT PATELLA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT LOWER JAW FRACTURE	FRACTURE OF SYMPHYSIS OF MANDIBLE, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT LOWER JAW FRACTURE	MALOCCLUSION, UNSPECIFIED	Facility	Approved	1		0		0
TREAT LOWER LEG FRACTURE	ACHILLES TENDINITIS, UNSPECIFIED LEG	Facility	Approved	1		0		0
TREAT LOWER LEG FRACTURE	DISPLACED PILON FRACTURE OF LEFT TIBIA, INIT FOR CLOS FX	Other	Denied	1	Services are not medically necessary	1		0
TREAT LOWER LEG FRACTURE	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT LOWER LEG JOINT	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, SUBS ENCNR	Ancillary	Approved	1		0		0
TREAT LOWER LEG JOINT	UNSP FRACTURE OF SHAFT OF RIGHT FIBULA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT METACARPAL FRACTURE	DISP FX OF NK OF 5TH MC BONE, R HAND, 7THD	Ancillary	Approved	1		0		0
TREAT METACARPAL FRACTURE	DISP FX OF NK OF 5TH MC BONE, R HAND, SUBS FOR FX W MALUNION	Ancillary	Approved	1		0		0
TREAT METACARPAL FRACTURE	DISP FX OF SHAFT OF FIFTH MC BONE, R HAND, INIT FOR OPN FX	Facility	Approved	1		0		0
TREAT METACARPAL FRACTURE	DISP FX OF SHAFT OF THIRD METACARPAL BONE, LEFT HAND, INIT	Ancillary	Approved	1		0		0
TREAT METACARPAL FRACTURE	S62.336A - Displaced fracture of neck of fifth metacarpal bone, right hand, initial encounter for closed fracture	Hand Surgery Orthopedics	Approved	1		0		0
TREAT METACARPAL FRACTURE; ANCHOR/SCREW BN/BN,TIS/BN; ANCHOR/SCREW BN/BN,TIS/BN; ANCHOR/SCREW BN/B	S62.323A - Displaced fracture of shaft of third metacarpal bone, left hand, initial encounter for closed fracture; S62.325A - Displaced fracture of shaft of fourth metacarpal bone, left hand, initial encounter for closed fracture	Hand Surgery Orthopedics	Approved	1		0		0
TREAT METACARPAL FRACTURE; TREAT METACARPAL FRACTURE; ANCILLARY ANESTHESIOLOGIST	S62.326B - Displaced fracture of shaft of fifth metacarpal bone, right hand, initial encounter for open fracture	Plastic Surgery	Approved	1		0		0
TREAT METATARSAL FRACTURE	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	1		0		0
TREAT NECK SPINE FRACTURE	SPONDYLOLISTHESIS, CERVICAL REGION	Facility	Approved	1		0		0
TREAT RADIUS FRACTURE	DISP FX OF HEAD OF RIGHT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT RADIUS FRACTURE	UNSP FRACTURE OF LOWER END OF LEFT HUMERUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT SLIPPED EPIPHYSIS	TURNER'S SYNDROME, UNSPECIFIED	Facility	Approved	1		0		0
TREAT SLIPPED EPIPHYSIS	UNSP SLIPPED UPPER FEMORAL EPIPHYSIS, UNSP HIP	Facility	Approved	1		0		0
TREAT SPINE FRACTURE	OTH FRACTURE OF FIFTH LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Denied	1	Services are not medically necessary	1		0
TREAT THIGH FRACTURE	BENIGN NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	Facility	Approved	1		0		0
TREAT THIGH FRACTURE	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INIT	Facility	Approved	1		0		0
TREAT THIGH FRACTURE	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Facility	Approved	1		0		0

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TREAT THIGH FRACTURE	STRESS FRACTURE, LEFT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	Facility	Approved	1		0		0
TREAT TRIGEMINAL NERVE	TRIGEMINAL NEURALGIA	Facility	Approved	1		0		0
TREAT ULNAR FRACTURE	NONDISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT ULNAR FRACTURE	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	Facility	Approved	1		0		0
TREAT ULNAR FRACTURE	UNSP FRACTURE OF LOWER END OF LEFT HUMERUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT ULNAR FRACTURE; TREAT RADIUS FRACTURE	S52.021A - Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for closed fracture; S52.131A - Displaced fracture of neck of right radius, initial encounter for closed fracture	Orthopedic Surgery	Approved	1		0		0
TREAT WRIST BONE FRACTURE	DISP FX OF HOOK PROCESS OF HAMATE BONE, RIGHT WRIST, INIT	Ancillary	Approved	1		0		0
TREAT WRIST BONE FRACTURE; ANCILLARY ANESTHESIOLOGIST	S62.151A - Displaced fracture of hook process of hamate (unciform) bone, right wrist, initial encounter for closed fracture	Hand Surgery Orthopedics	Approved	1		0		0
TREAT WRIST DISLOCATION	DISLOCATION OF DISTAL RADIOULNAR JOINT OF LEFT WRIST, INIT	Family Medicine	Approved	1		0		0
TREAT WRIST FRACTURE	FRACTURE OF UNSP CARPAL BONE, UNSP WRIST, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF ANAL FISSURE	ANAL FISSURE, UNSPECIFIED	Ancillary	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	DISP FX OF LATERAL MALLEOLUS OF LEFT FIBULA, INIT	Ancillary	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	DISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	Facility	Approved	2		0		0
TREATMENT OF ANKLE FRACTURE	DISPL BIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	2		0		0
TREATMENT OF ANKLE FRACTURE	DISPLACED BIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	Ancillary	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Ancillary	Approved	2		0		0
TREATMENT OF ANKLE FRACTURE	NONDISP TRIMALLEOL FX L LOW LEG, 7THD	Ancillary	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	OTH FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Other	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	UNSP FRACTURE OF SHAFT OF RIGHT FIBULA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	UNSP FRACTURE OF SHAFT OF RIGHT TIBIA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE; TREAT LOWER LEG JOINT; ANCHOR/SCREW BN/BN,TIS/BN; ANCHOR/SCREW BN/BN,	S82.841A - Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture; S93.431A - Sprain of tibiofibular ligament of right ankle, initial encounter	Orthopedics-Foot and Ankle Surgery	Approved	1		0		0
TREATMENT OF BLADDER LESION	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Family Medicine	Approved	3		0		0
TREATMENT OF BLADDER LESION	PERSONAL HISTORY OF COLONIC POLYPS	Family Medicine	Approved	1		0		0
TREATMENT OF BLADDER LESION	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS	PAIN IN RIGHT SHOULDER	Neurology		0		0	Approved	1
TREATMENT OF MISCARRIAGE	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE	Ancillary	Approved	1		0		0

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TREATMENT OF MISCARRIAGE	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	Ancillary	Approved	2		0		0
TREATMENT OF MISCARRIAGE	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	Facility	Approved	1		0		0
TREATMENT OF MISCARRIAGE	MISSED ABORTION	Facility	Approved	1		0		0
TREATMENT OF RETINAL LESION	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Denied	1	Services are not medically necessary	1		0
TREATMENT OF RETINAL LESION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	Approved	2		0		0
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Autistic disorder	Family Medicine		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	AUTISTIC DISORDER	Pain Management		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	AUTISTIC DISORDER	Pediatric Neurology		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	AUTISTIC DISORDER	Psychiatry		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	DELAYED MILESTONE IN CHILDHOOD	Pain Management		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	DELAYED MILESTONE IN CHILDHOOD	Urology		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Dermatology		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Gastroenterology		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Down syndrome, unspecified	Multi-Specialty Group		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Dysphonia	Pediatric Endocrinology		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	EXPRESSIVE LANGUAGE DISORDER	Anesthesiology		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	EXPRESSIVE LANGUAGE DISORDER	Dermatology		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	FEEDING DIFFICULTIES	Allergy/Immunology		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Pediatric Endocrinology		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Multiple sclerosis	Pediatrics		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	Pediatric Endocrinology		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	OTHER DISEASES OF VOCAL CORDS	Emergency Medicine		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	OTHER VOICE AND RESONANCE DISORDERS	Internal Medicine		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Phonological disorder	Ancillary		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Phonological disorder	Emergency Medicine		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	PHONOLOGICAL DISORDER	Surgery, Plastic		0		0	Approved	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Social pragmatic communication disorder	Emergency Medicine		0		0	Denied	1
TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	Nephrology		0		0	Approved	1

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TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	Emergency Medicine		0		0	Approved	1
TREATMENT OF THIGH FRACTURE	DISPL TRANSVERSE FX SHAFT OF L FEMR, 7THK	Facility	Approved	1		0		0
TREATMENT OF THIGH FRACTURE	OTHER CYST OF BONE, RIGHT THIGH	Other	Approved	1		0		0
TREATMENT OF THIGH FRACTURE	PERSON INJURED IN COLLISION BETW OTH MTR VEH (TRAFFIC), INIT	Surgery, Orthopedic	Approved	2		0		0
TREATMENT OF THIGH FRACTURE	S72.322K - Displaced transverse fracture of shaft of left femur, subsequent encounter for closed fracture with nonunion	Orthopedic Surgery	Approved	1		0		0
TREATMENT OF THIGH FRACTURE	STRESS FRACTURE, RIGHT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	Facility	Approved	1		0		0
TREATMENT OF THIGH FRACTURE	UNSP FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF THIGH FRACTURE	UNSP FX SHAFT OF HUMERUS, RIGHT ARM, SUBS FOR FX W MALUNION	Other	Approved	1		0		0
TREATMENT OF TIBIA FRACTURE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
TREATMENT OF TIBIA FRACTURE	UNSP FRACTURE OF SHAFT OF RIGHT TIBIA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF URETHRA LESION	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Facility	Approved	1		0		0
TREATMENT OF URETHRA LESION	OTHER SPECIFIED DISORDERS OF URETHRA	Facility	Approved	1		0		0
TREATMENT SIMULATION USING 3D IMAGE VOLUME	FRACTURE OF TOOTH (TRAUMATIC), INIT FOR CLOS FX	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
TRELEGY ELLIPTA 100-62.5-25	ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS	Physician	Approved	1		0		0
TRELEGY ELLIPTA 100-62.5-25	CENTRIOBULAR EMPHYSEMA	Internal Medicine	Approved	1		0		0
TRELEGY ELLIPTA 100-62.5-25	CENTRIOBULAR EMPHYSEMA	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
TRELEGY ELLIPTA 100-62.5-25	CHR OBSTRUCTIVE PULMON DISEASE WITH (ACUTE) LOWER RESP INFCT	Family Medicine	Approved	1		0		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	8		0		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
TRELEGY ELLIPTA 100-62.5-25	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
TREMFYA	OTHER PSORIASIS	Dermatology		0		0	Denied	2
TREMFYA	Other psoriasis	Pediatric Endocrinology		0		0	Denied	1
TREMFYA	OTHER PSORIASIS	Physician		0		0	Denied	1
TREMFYA	OTHER PSORIASIS	Rheumatology		0		0	Approved	1
TREMFYA	Psoriasis vulgaris	Family Medicine		0		0	Approved	1
TREMFYA	Psoriasis vulgaris	Internal Medicine		0		0	Denied	1
TREMFYA	PSORIASIS VULGARIS	Pain Management		0		0	Denied	1
TREMFYA	PSORIASIS VULGARIS	Physician		0		0	Approved	1
TREMFYA	Psoriasis vulgaris	Psychiatry		0		0	Denied	1
TREMFYA	Psoriasis vulgaris	Pulmonary Disease		0		0	Denied	1
TREMFYA 100 MG/ML INJECTOR	OTHER PSORIASIS	Dermatology	Approved	1		0		0
TREMFYA 100 MG/ML INJECTOR	OTHER PSORIASIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML INJECTOR	OTHER PSORIASIS	Physician	Approved	1		0		0
TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Dermatology	Approved	6		0		0
TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Physician	Approved	2		0		0

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TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML INJECTOR	PSORIASIS, UNSPECIFIED	Dermatology	Approved	2		0		0
TREMFYA 100 MG/ML INJECTOR	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML SYRINGE	ESSENTIAL (PRIMARY) HYPERTENSION	Dermatology	Approved	1		0		0
TREMFYA 100 MG/ML SYRINGE	OTHER PSORIASIS	Dermatology	Approved	3		0		0
TREMFYA 100 MG/ML SYRINGE	OTHER PSORIASIS	Dermatology	Denied	2	Services are not medically necessary	2		0
TREMFYA 100 MG/ML SYRINGE	OTHER PSORIASIS	Internal Medicine	Approved	1		0		0
TREMFYA 100 MG/ML SYRINGE	OTHER PSORIASIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Allergy/Immunology	Approved	1		0		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	18		0		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Denied	9	Services are not medically necessary	9		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician	Approved	2		0		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician	Denied	2	Services are not medically necessary	2		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Denied	3	Services are not medically necessary	3		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	3		0		0
TREPROSTINIL INJECTION	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Ancillary	Approved	1		0		0
TREPROSTINIL, NON-COMP UNIT	OTHER SPECIFIED DISORDERS OF MUSCLE	Ancillary	Approved	1		0		0
TRESIBA FLEXTOUCH 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Endocrinology And Metabolism	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNITS/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Dermatology	Approved	30		0		0
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Family Medicine	Approved	2		0		0
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Family Nurse Practitioner	Approved	1		0		0
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Internal Medicine	Approved	2		0		0
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Physician Assistant	Approved	1		0		0
TRETINOIN 0.025% CREAM	ACNE, UNSPECIFIED	Family Medicine	Approved	2		0		0
TRETINOIN 0.025% CREAM	ACTINIC KERATOSIS	Dermatology	Approved	4		0		0
TRETINOIN 0.025% CREAM	CHANGES IN SKIN TEXTURE	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	CHLOASMA	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	CHLOASMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	DISORDER OF PIGMENTATION, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	EPIDERMAL CYST	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	MILIARIA RUBRA	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTH SKIN CHANGES DUE TO CHR EXPSR TO NONIONIZING RADIATION	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTHER ACNE	Dermatology	Approved	2		0		0
TRETINOIN 0.025% CREAM	OTHER ATROPHIC DISORDERS OF SKIN	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTHER DISORDERS OF DIMINISHED MELANIN FORMATION	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTHER MELANIN HYPERPIGMENTATION	Dermatology	Denied	2	Services are not medically necessary	2		0

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TRETINOIN 0.025% CREAM	OTHER ROSACEA	Dermatology	Approved	1		0		0
TRETINOIN 0.025% CREAM	OTHER SEBORRHEIC KERATOSIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTHER SPECIFIED FOLLICULAR DISORDERS	Dermatology	Approved	1		0		0
TRETINOIN 0.025% CREAM	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
TRETINOIN 0.025% CREAM	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Physician	Approved	1		0		0
TRETINOIN 0.025% CREAM	ROSACEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRETINOIN 0.025% CREAM	ROSACEA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Dermatology	Approved	32		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Dermatopathology	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Family Medicine	Approved	3		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Family Nurse Practitioner Primary Care	Approved	2		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Internal Medicine	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Physician Assistant	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Surgery, Plastic	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE, UNSPECIFIED	Dermatology	Approved	4		0		0
TRETINOIN 0.05% CREAM	ACNE, UNSPECIFIED	Family Medicine	Approved	4		0		0
TRETINOIN 0.05% CREAM	ACNE, UNSPECIFIED	General Practice	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACTINIC KERATOSIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	ACTINIC KERATOSIS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	ACTINIC KERATOSIS	Surgery, Plastic	Approved	1		0		0
TRETINOIN 0.05% CREAM	CHLOASMA	Dermatology	Denied	2	Services are not medically necessary	2		0
TRETINOIN 0.05% CREAM	DERMATITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRETINOIN 0.05% CREAM	DISORDER OF PIGMENTATION, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	ENCNTR FOR PROC FOR PURPOSE OTH THAN REMEDY HLTH STATE, UNSP	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	EPIDERMAL CYST	Dermatology	Approved	2		0		0
TRETINOIN 0.05% CREAM	EPIDERMAL CYST	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	LICHEN PLANOPILARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE	Dermatology	Denied	2	Services are not medically necessary	2		0
TRETINOIN 0.05% CREAM	OTH SKIN CHANGES DUE TO CHR EXPSR TO NONIONIZING RADIATION	Dermatology	Approved	1		0		0
TRETINOIN 0.05% CREAM	OTH SKIN CHANGES DUE TO CHR EXPSR TO NONIONIZING RADIATION	Dermatology	Denied	5	Services are not medically necessary	5		0
TRETINOIN 0.05% CREAM	OTHER ACNE	Dermatology	Approved	1		0		0
TRETINOIN 0.05% CREAM	OTHER ATROPHIC DISORDERS OF SKIN	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	OTHER FOLLICULAR CYSTS OF THE SKIN AND SUBCUTANEOUS TISSUE	Dermatology	Approved	1		0		0
TRETINOIN 0.05% CREAM	OTHER FOLLICULAR CYSTS OF THE SKIN AND SUBCUTANEOUS TISSUE	Dermatology	Denied	2	Services are not medically necessary	2		0
TRETINOIN 0.05% CREAM	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Approved	1		0		0
TRETINOIN 0.05% CREAM	PSEUDOFOLLICULITIS BARBAE	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	ROSACEA, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% GEL	ACNE VULGARIS	Dermatology	Approved	1		0		0
TRETINOIN 0.05% GEL	ACNE VULGARIS	Physician	Approved	1		0		0
TRETINOIN 0.05% GEL	OTHER SPECIFIED FOLLICULAR DISORDERS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.1% CREAM	ACNE VULGARIS	Dermatology	Approved	15		0		0
TRETINOIN 0.1% CREAM	ACNE VULGARIS	Family Medicine	Approved	2		0		0
TRETINOIN 0.1% CREAM	ACNE, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRETINOIN 0.1% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRETINOIN 0.1% CREAM	CHLOASMA	Dermatology	Denied	2	Services are not medically necessary	2		0

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TRETINOIN 0.1% CREAM	FOLLICULAR DISORDER, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.1% CREAM	OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE	Physician	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.1% CREAM	OTH SKIN CHANGES DUE TO CHR EXPSR TO NONIONIZING RADIATION	Physician	Approved	1		0		0
TRETINOIN 0.1% CREAM	OTHER ACNE	Psychiatry	Approved	1		0		0
TRETINOIN 0.1% CREAM	OTHER ROSACEA	Dermatology	Approved	1		0		0
TRETINOIN 0.1% CREAM	OTHER SPECIFIED FOLLICULAR DISORDERS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.1% CREAM	PSEUDOFOLLICULITIS BARBAE	Dermatology	Approved	1		0		0
TRETINOIN 0.1% CREAM	ROSACEA, UNSPECIFIED	Ophthalmology	Approved	1		0		0
TRETINOIN 0.1% CREAM	ROSACEA, UNSPECIFIED	Physician Assistant	Approved	1		0		0
TRETINOIN 0.1% CREAM	VIRAL WART, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN GEL MICRO 0.04% PUMP	OTHER ATROPHIC DISORDERS OF SKIN	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN GEL MICRO 0.1% PUMP	ACNE VULGARIS	Dermatology	Approved	1		0		0
TRETINOIN GEL MICRO 0.1% PUMP	OTHER ATROPHIC DISORDERS OF SKIN	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN GEL MICRO 0.1% TUBE	ACNE VULGARIS	Dermatology	Approved	1		0		0
TRETINOIN GEL MICRO 0.1% TUBE	ACNE VULGARIS	Family Medicine	Approved	1		0		0
TREXIMET 85-500 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TREXIMET 85-500 MG TABLET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TREZIX 320.5-30-16 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
TREZIX 320.5-30-16 MG CAPSULE	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
TREZIX 320.5-30-16 MG CAPSULE	OTHER CHRONIC PAIN	Physician	Approved	1		0		0
TREZIX 320.5-30-16 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Pain Management	Approved	1		0		0
TREZIX 320.5-30-16 MG CAPSULE	OTHER SPONDYLOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
TREZIX 320.5-30-16 MG CAPSULE	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	Physical Medicine	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF DESCENDING COLON	Ancillary	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	Ancillary	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Ancillary	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF RIGHT OVARY	Ancillary	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Ancillary	Denied	1	Services are not medically necessary	1		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Ancillary	Approved	1		0		0
TRIAMCINOL 40MG/ML-BUPI 5MG/ML	DERMATITIS, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
TRIAMCINOLONE 0.1% OINTMENT	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	DERMATITIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	INTRINSIC (ALLERGIC) ECZEMA	Family Nurse Practitioner	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	OTHER ATOPIC DERMATITIS	Pediatric Dermatology	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	OTHER SPECIFIED DERMATITIS	Dermatology	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
TRIAMCINOLONE 0.1% OINTMENT	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Dermatology	Approved	1		0		0
TRIAMCINOLONE 55 MCG NASAL SPR	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0

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TRIAMCINOLONE ACET 40 MG/ML VL	URGENCY OF URINATION	Female Pelvic Medicine And Reconstructive Surgery	Denied	1	Services are not medically necessary	1		0
TRIAMCINOLONE ACET INJ NOS	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
TRIAMCINOLONE ACET INJ NOS	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	2		0		0
TRIBENZOR 40-10-25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
TRIKAFTA 100/50/75 MG-150 MG	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	3		0		0
TRIKAFTA 100/50/75 MG-150 MG	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	5		0		0
TRIKAFTA 100/50/75 MG-150 MG	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0
TRILEPTAL	Obsessive-compulsive disorder, unspecified	Emergency Medicine		0		0	Approved	1
TRILEPTAL 300 MG TABLET	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRI-LUMA CREAM	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRI-LUMA CREAM	CHLOASMA	Dermatology	Denied	1	Services are not medically necessary	1		0
TRI-LUMA CREAM	CHLOASMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX		Pediatrics		0		0	Approved	1
TRINTELLIX	GENERALIZED ANXIETY DISORDER	Pulmonary Disease		0		0	Approved	1
TRINTELLIX 10 MG TABLET		Internal Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET		Psychiatry	Approved	1		0		0
TRINTELLIX 10 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	4		0		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	DYSTHYMIC DISORDER	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	DYSTHYMIC DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Approved	2		0		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Internal Medicine	Approved	2		0		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Internal Medicine	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Obstetrics/Gynecology	Approved	1		0		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
TRINTELLIX 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT	General Practice	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT	Psychiatry	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Physician	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	3		0		0

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TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Infectious Disease	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Internal Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Nurse Practitioner	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician Assistant	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	13		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	4	Services are not medically necessary	4		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	5		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Neurology	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Psychiatry	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Internal Medicine	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	7		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0

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TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Approved	3		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Pediatrics	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Physician	Approved	3		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Approved	3		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	3		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Nurse	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Family Medicine	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Physician	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	5		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	6	Services are not medically necessary	6		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychiatry	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W DEPRESSV FEATURES	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MOOD DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION, UNSP	Obstetrics/Gynecology	Approved	1		0		0
TRINTELLIX 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	OTHER RECURRENT DEPRESSIVE DISORDERS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Approved	4		0		0
TRINTELLIX 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Denied	4	Services are not medically necessary	4		0
TRINTELLIX 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Nurse Practitioner Primary Care	Approved	1		0		0
TRINTELLIX 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	OTHER SPECIFIED DEPRESSIVE EPISODES	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	POST-TRAUMATIC STRESS DISORDER (PTSD)	Psychiatry	Approved	1		0		0
TRINTELLIX 10 MG TABLET	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0

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TRINTELLIX 10 MG TABLET	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	SUICIDE ATTEMPT	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	VITAMIN D DEFICIENCY, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET		Internal Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	Family Medicine	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 20 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
TRINTELLIX 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD	Internal Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	CHRONIC PAIN SYNDROME	Internal Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	2		0		0
TRINTELLIX 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Physician	Approved	2		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Approved	2		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	2		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	4		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Nurse Practitioner Primary Care	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician Assistant	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	13		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	3		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	3		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	2		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Physician	Approved	2		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Approved	2		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Physician	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEVERE W PSYCH FEATURES	Physician	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	4		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychology	Approved	1		0		0
TRINTELLIX 20 MG TABLET	OTHER FATIGUE	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Approved	2		0		0
TRINTELLIX 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Approved	2		0		0
TRINTELLIX 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Nurse Practitioner	Approved	1		0		0
TRINTELLIX 20 MG TABLET	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	Family Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET		Obstetrics/Gynecology	Approved	1		0		0
TRINTELLIX 5 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Physician	Approved	1		0		0
TRINTELLIX 5 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	General Practice	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Endocrinology And Metabolism	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Nurse Practitioner	Approved	1		0		0

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TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	6		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Internal Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Approved	3		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Family Nurse Practitioner	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	3		0		0
TRINTELLIX 5 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Denied	2	Services are not medically necessary	2		0
TRINTELLIX 5 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Internal Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	PREMENSTRUAL DYSPHORIC DISORDER	Endocrinology And Metabolism	Approved	1		0		0
TRIUMEQ 600-50-300 MG TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Nurse Practitioner	Approved	1		0		0
TRLUML BALO ANGIOP 1ST ART	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	1		0		0
TRLUML BALO ANGIOP 1ST VEIN	BACTEREMIA	Ancillary	Approved	1		0		0
TRLUML BALO ANGIOP 1ST VEIN	BACTEREMIA	Nephrology	Approved	1		0		0
TRLUML BALO ANGIOP 1ST VEIN	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
TRLUML BALO ANGIOP 1ST VEIN	END STAGE RENAL DISEASE	Internal Medicine	Approved	1		0		0
TRLUML BALO ANGIOP 1ST VEIN	END STAGE RENAL DISEASE	Nephrology	Approved	1		0		0
TRLUML BALO ANGIOP 1ST VEIN	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Surgery, Vascular	Approved	2		0		0
TRLUML BALO ANGIOP 1ST VEIN	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	Surgery, General	Approved	1		0		0
TRLUML BALO ANGIOP 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
TRLUML BALO ANGIOP ADDL VEIN	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
TRLUML BALO ANGIOP ADDL VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
TROKENDI		Behavioral Nurse		0		0	Denied	1
TROKENDI	Headache	Physician		0		0	Denied	1
TROKENDI	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pediatric Endocrinology		0		0	Approved	1
TROKENDI	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine		0		0	Approved	1
TROKENDI XR 100 MG CAPSULE		Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician Assistant	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	ESSENTIAL TREMOR	Neurology	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	ESSENTIAL TREMOR	Neurology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 100 MG CAPSULE	FIBROMYALGIA	Rheumatology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 100 MG CAPSULE	GOUT, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	HEADACHE	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	HEADACHE	Psychiatry	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	HYPERMOBILITY SYNDROME	Rheumatology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	5	Services are not medically necessary	5		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Nurse Practitioner Primary Care	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Rheumatology	Denied	5	Services are not medically necessary	5		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Clinical Neurophysiology	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0

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TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Anesthesiology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	MIGRAINE, UNSPECIFIED	Neurology	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	OTHER MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 100 MG CAPSULE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	3	Services are not medically necessary	3		0
TROKENDI XR 100 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	UNSPECIFIED CONVULSIONS	Pediatric Neurology	Approved	1		0		0
TROKENDI XR 200 MG CAPSULE		Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	BENIGN INTRACRANIAL HYPERTENSION	Neurology	Approved	1		0		0
TROKENDI XR 200 MG CAPSULE	BLEPHAROSPASM	Neurology	Approved	1		0		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	2		0		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	6	Services are not medically necessary	6		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0

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TROKENDI XR 200 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Psychiatry	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Approved	1		0		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Surgery, Vascular	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 200 MG CAPSULE	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician	Approved	2		0		0
TROKENDI XR 200 MG CAPSULE	OTHER CHRONIC PAIN	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	OTHER SEIZURES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	TENSION-TYPE HEADACHE, UNSPECIFIED, INTRACTABLE	Pain Management	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 25 MG CAPSULE	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	DIETARY COUNSELING AND SURVEILLANCE	Physician	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	DISORDER OF TRIGEMINAL NERVE, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Psychiatry	Approved	1		0		0
TROKENDI XR 25 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	NEURALGIA AND NEURITIS, UNSPECIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	OBESITY, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	OTHER OBESITY	Family Medicine	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 25 MG CAPSULE	UNSPECIFIED CONVULSIONS	Pediatric Neurology	Approved	2		0		0
TROKENDI XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0

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TROKENDI XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 50 MG CAPSULE	ESSENTIAL TREMOR	Neurology	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	HEADACHE	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	HEADACHE	Pain Management	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	6	Services are not medically necessary	6		0
TROKENDI XR 50 MG CAPSULE	OCCIPITAL NEURALGIA	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	OTHER OBESITY	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	OTHER OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	POLYNEUROPATHY, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	RADICULOPATHY, LUMBAR REGION	Pain Management	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
TROKENDI XR 50 MG CAPSULE	TOURETTE'S DISORDER	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	UNSPECIFIED CONVULSIONS	Neurology	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	UNSPECIFIED CONVULSIONS	Pediatric Neurology	Approved	2		0		0
TRUE METRIX GLUCOSE TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRUE METRIX GLUCOSE TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRUETRACK GLUCOSE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	2	Services are not medically necessary	2		0
TRULANCE	Chronic idiopathic constipation	Surgery, Plastic		0		0	Approved	1
TRULANCE 3 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Gastroenterology	Approved	4		0		0

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TRULANCE 3 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Gastroenterology	Denied	10	Services are not medically necessary	10		0
TRULANCE 3 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
TRULANCE 3 MG TABLET	CONSTIPATION	Gastroenterology	Approved	1		0		0
TRULANCE 3 MG TABLET	CONSTIPATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	CONSTIPATION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	CONSTIPATION, UNSPECIFIED	Gastroenterology	Approved	2		0		0
TRULANCE 3 MG TABLET	CONSTIPATION, UNSPECIFIED	Gastroenterology	Denied	2	Services are not medically necessary	2		0
TRULANCE 3 MG TABLET	CONSTIPATION, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRULANCE 3 MG TABLET	DRUG INDUCED CONSTIPATION	Physician Assistant	Approved	1		0		0
TRULANCE 3 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
TRULANCE 3 MG TABLET	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Gastroenterology	Approved	3		0		0
TRULANCE 3 MG TABLET	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Nurse Practitioner	Approved	1		0		0
TRULANCE 3 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Approved	1		0		0
TRULANCE 3 MG TABLET	OTHER CONSTIPATION	Gastroenterology	Approved	2		0		0
TRULANCE 3 MG TABLET	OTHER CONSTIPATION	Gastroenterology	Denied	3	Services are not medically necessary	3		0
TRULANCE 3 MG TABLET	SLOW TRANSIT CONSTIPATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Endocrinology And Metabolism	Approved	1		0		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Approved	1		0		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Endocrinology And Metabolism	Approved	2		0		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	4		0		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	3		0		0
TRULICITY 1.5 MG/0.5 ML PEN	OTHER ABNORMAL GLUCOSE	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
TRULICITY 1.5 MG/0.5 ML PEN	PREDIABETES	Endocrinology And Metabolism	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS	Endocrinology And Metabolism	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Physician	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Physician	Denied	1	Services are not medically necessary	1		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Physician	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	7		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	2		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	2		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Approved	2		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0

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TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	8		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	Family Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET		Family Medicine	Approved	2		0		0
TRUVADA 200 MG-300 MG TABLET		Infectious Disease	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Internal Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEF VIRUS	Family Medicine	Approved	4		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEF VIRUS	General Practice	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEF VIRUS	Infectious Disease	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEF VIRUS	Internal Medicine	Approved	4		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEF VIRUS	Physician	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND EXPOSURE TO INFECT W A SEXL MODE OF TRANSMISS	Infectious Disease	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND EXPOSURE TO INFECT W A SEXL MODE OF TRANSMISS	Physician Assistant	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND EXPOSURE TO POTENTIALLY HAZARDOUS BODY FLUIDS	Family Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	CONTACT W AND EXPOSURE TO UNSP COMMUNICABLE DISEASE	Infectious Disease	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Internal Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Physician	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	Family Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK BISEXUAL BEHAVIOR	Internal Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HETEROSEXUAL BEHAVIOR	Family Medicine	Approved	3		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HETEROSEXUAL BEHAVIOR	Infectious Disease	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HETEROSEXUAL BEHAVIOR	Internal Medicine	Approved	3		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HETEROSEXUAL BEHAVIOR	Physician Assistant	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HOMOSEXUAL BEHAVIOR	Family Medicine	Approved	5		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HOMOSEXUAL BEHAVIOR	Infectious Disease	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HOMOSEXUAL BEHAVIOR	Internal Medicine	Approved	2		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HOMOSEXUAL BEHAVIOR	Physician	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	HIGH RISK HOMOSEXUAL BEHAVIOR	Physician Assistant	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	5		0		0
TRUVADA 200 MG-300 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Family Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRUVADA 200 MG-300 MG TABLET	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Internal Medicine	Approved	1		0		0
TRUVADA 200 MG-300 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Approved	1		0		0
TTE F-UP OR LMTD	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE F-UP OR LMTD	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0

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TTE F-UP OR LMTD	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE F-UP OR LMTD	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
TTE F-UP OR LMTD	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ABNORMAL ECHOENCEPHALOGRAM	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR SURGERY	Approved	3		0		0
TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	13		0		0
TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ABNORMAL FINDINGS ON DX IMAGING OF HEART AND COR CIRC	Facility	Approved	2		0		0
TTE W/DOPPLER COMPLETE	ACUTE EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ATRIAL SEPTAL DEFECT	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED	Facility	Approved	8		0		0
TTE W/DOPPLER COMPLETE	CARDIOMEGALY	Facility	Approved	3		0		0
TTE W/DOPPLER COMPLETE	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	CHEST PAIN, UNSPECIFIED	Facility	Approved	11		0		0
TTE W/DOPPLER COMPLETE	CHEST PAIN, UNSPECIFIED	HOSPITAL	Approved	2		0		0
TTE W/DOPPLER COMPLETE	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	DENTAL CARIES, UNSPECIFIED	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	DILATED CARDIOMYOPATHY	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	DIZZINESS AND GIDDINESS	Facility	Approved	2		0		0
TTE W/DOPPLER COMPLETE	DOUBLE OUTLET RIGHT VENTRICLE	Facility	Approved	2		0		0
TTE W/DOPPLER COMPLETE	EDEMA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
TTE W/DOPPLER COMPLETE	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	Facility	Approved	1		0		0

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TTE W/DOPPLER COMPLETE	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Facility	Approved	3		0		0
TTE W/DOPPLER COMPLETE	GLYCOSURIA	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	HYPERLIPIDEMIA, UNSPECIFIED	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
TTE W/DOPPLER COMPLETE	NONRHEUMATIC AORTIC (VALVE) STENOSIS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	OBSTRUCTION OF BILE DUCT	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	OTHER CARDIOMYOPATHIES	Facility	Approved	4		0		0
TTE W/DOPPLER COMPLETE	OTHER CHEST PAIN	CARDIOVASCULAR SURGERY	Approved	4		0		0
TTE W/DOPPLER COMPLETE	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	CARDIOVASCULAR SURGERY	Approved	4		0		0
TTE W/DOPPLER COMPLETE	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	2		0		0
TTE W/DOPPLER COMPLETE	PALPITATIONS	CARDIOVASCULAR SURGERY	Approved	3		0		0
TTE W/DOPPLER COMPLETE	PALPITATIONS	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	POSTPROC CARDIAC INSUFFICIENCY FOLLOWING CARDIAC SURGERY	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	PRECORDIAL PAIN	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	PRE-EXCITATION SYNDROME	Facility	Approved	2		0		0
TTE W/DOPPLER COMPLETE	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	Approved	6		0		0
TTE W/DOPPLER COMPLETE	SHORTNESS OF BREATH	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	SNORING	Family Medicine	Approved	1		0		0
TTE W/DOPPLER COMPLETE	STENOSIS OF PULMONARY ARTERY	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	TETRALOGY OF FALLOT	Facility	Approved	2		0		0
TTE W/DOPPLER COMPLETE	THORACIC AORTIC ECTASIA	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	TURNER'S SYNDROME, UNSPECIFIED	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR SURGERY	Approved	1		0		0
TTE W/DOPPLER COMPLETE	VENTRICULAR SEPTAL DEFECT	Facility	Approved	6		0		0
TTE W/O DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	2		0		0
TTE W/O DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED	Facility	Approved	2		0		0
TTE W/O DOPPLER COMPLETE	CHEST PAIN, UNSPECIFIED	Facility	Approved	2		0		0
TTE W/O DOPPLER COMPLETE	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Facility	Approved	1		0		0
TTE W/O DOPPLER COMPLETE	PAIN IN RIGHT FINGER(S)	Facility	Approved	1		0		0
TTE W/O DOPPLER COMPLETE	SYNCOPE AND COLLAPSE	Facility	Approved	1		0		0

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TUBING WITH HEATING ELEMENT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	3		0		0
TUDORZA PRESSAIR 400 MCG INHAL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TUDORZA PRESSAIR 400 MCG INHAL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TUDORZA PRESSAIR 400 MCG INHAL	PULMONARY FIBROSIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TUDORZA PRESSAIR 400 MCG INHAL	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
TUMOR IMMUNOHISTOCHEM/MANUAL	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Denied	1	Services are not medically necessary	1		0
TUMORIMAGE PET/CT SKUL-THIGH; FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	C61 - Malignant neoplasm of prostate; R97.20 - Elevated prostate specific antigen (PSA)	Radiation Oncology	Approved	1		0		0
TUMORIMAGE PET/CT SKUL-THIGH; FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	C61 - Prostate cancer (HCC)	Urology	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	ATYPICAL ATRIAL FLUTTER	Facility	Denied	1	Services are not medically necessary	1		0
TX ATRIAL FIB PULM VEIN ISOL	BRADYCARDIA, UNSPECIFIED	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
TX ATRIAL FIB PULM VEIN ISOL	CHRONIC ATRIAL FIBRILLATION	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	3		0		0
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	2		0		0
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	35		0		0
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
TX ATRIAL FIB PULM VEIN ISOL	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	13		0		0
TX ATRIAL FIB PULM VEIN ISOL	SNORING	Facility	Approved	2		0		0
TX ATRIAL FIB PULM VEIN ISOL	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	2	Services are not medically necessary	2		0
TX ATRIAL FIB PULM VEIN ISOL	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	8		0		0
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL; EP & ABLATE SUPRAVENT ARRHYT; ELECTROPHYSIOLOGY EVALUATION; ELECTROP	I48.0 - Paroxysmal atrial fibrillation	Internal Medicine	Approved	1		0		0
TX CONTOUR DEFECTS >10.0 CC	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Facility	Approved	1		0		0
TX CONTOUR DEFECTS >10.0 CC	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
TX CONTOUR DEFECTS 5.1-10CC	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA	Ancillary	Approved	1		0		0
TX L/R ATRIAL FIB ADDL	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
TX L/R ATRIAL FIB ADDL	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
TX L/R ATRIAL FIB ADDL	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
TX L/R ATRIAL FIB ADDL	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	12		0		0
TX L/R ATRIAL FIB ADDL	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	2	Services are not medically necessary	2		0
TX L/R ATRIAL FIB ADDL	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	8		0		0
TX L/R ATRIAL FIB ADDL	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
TX L/R ATRIAL FIB ADDL	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	2		0		0
TX/PRO/DX INJ NEW DRUG ADDON	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HEMATOLOGY/ONCOLOGY	Approved	1		0		0
TX/PROPH/DG ADDL SEQ IV INF	OTHER FORMS OF DYSPNEA	Oncology	Approved	1		0		0
TYKERB 250 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
TYKERB 250 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
TYKERB 250 MG TABLET	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
TYLENOL WITH CODEINE #3 TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0

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TYLENOL WITH CODEINE #3 TABLET	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Internal Medicine	Approved	1		0		0
TYLENOL WITH CODEINE #3 TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
TYLENOL WITH CODEINE #3 TABLET	LUMBAGO WITH SCIATICA, RIGHT SIDE	Pain Management	Approved	1		0		0
TYLENOL WITH CODEINE #3 TABLET	MYALGIA	Rheumatology	Approved	1		0		0
TYLENOL WITH CODEINE #3 TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Rheumatology	Approved	1		0		0
TYLENOL WITH CODEINE #4 TABLET	CHRONIC PAIN SYNDROME	Family Nurse Practitioner	Approved	1		0		0
TYLENOL WITH CODEINE #4 TABLET	FIBROMYALGIA	Rheumatology	Approved	1		0		0
TYLENOL WITH CODEINE #4 TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
TYLENOL WITH CODEINE #4 TABLET	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	1		0		0
TYMLOS 80 MCG DOSE PEN INJECTR	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Approved	1		0		0
TYMPANOMETRY	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Facility	Approved	1		0		0
TYMPANOMETRY & REFLEX THRESH	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	Audiology	Denied	2	Services are not medically necessary	2		0
TYSABRI 300 MG/15 ML VIAL	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
TYSABRI 300 MG/15 ML VIAL	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
TYVASO INHALATION REFILL KIT	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
TYVASO INHALATION REFILL KIT	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
TYVASO INHALATION STARTER KIT	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
TYVASO INHALATION STARTER KIT	PULMONARY HYPERTENSION, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
UCERIS	LYMPHOCYTIC COLITIS	Pain Management		0		0	Denied	1
UCERIS 2 MG RECTAL FOAM	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
UCERIS 2 MG RECTAL FOAM	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Physician Assistant	Approved	1		0		0
UCERIS 2 MG RECTAL FOAM	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Physician Assistant	Denied	1	Services are not medically necessary	1		0
UCERIS 2 MG RECTAL FOAM	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
UCERIS 2 MG RECTAL FOAM	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
UCERIS 2 MG RECTAL FOAM	ULCERATIVE COLITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
UCERIS 9 MG ER TABLET	LEFT SIDED COLITIS WITH RECTAL BLEEDING	Physician Assistant	Approved	1		0		0
UCERIS 9 MG ER TABLET	LYMPHOCYTIC COLITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
UCERIS 9 MG ER TABLET	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
UCERIS 9 MG ER TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
UCERIS 9 MG ER TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
UGT1A1 GENE COMMON VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
ULTRALIGHTWEIGHT WHEELCHAIR	ANGELMAN SYNDROME	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP CEREBRAL ARTERY	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, L LOW LEG, SUBS	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	CRAMP AND SPASM	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	DISEASE OF SPINAL CORD, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
ULTRALIGHTWEIGHT WHEELCHAIR	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0

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ULTRALIGHTWEIGHT WHEELCHAIR	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	HEMIPLGA FOLLOWING CEREBRAL INFARCTION	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	AFFECTING UNSP SIDE	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	MALIGNANT NEOPLASM OF CEREBELLUM	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	MUSCULAR DYSTROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	NEOPLASM OF UNSP BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	PARAPLEGIA, UNSPECIFIED	Ancillary	Approved	3		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	PARKINSON'S DISEASE	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	SPINA BIFIDA, UNSPECIFIED	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	UNSP FRACTURE OF RIGHT FEMUR, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
ULTRASOUND THERAPY	PAIN IN LEFT KNEE	Physical Therapy	Denied	2	Services are not medically necessary	2		0
UNCLASSIFIED BIOLOGICS	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Approved	2		0		0
UNCLASSIFIED BIOLOGICS	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Family Medicine	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Infectious Disease	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	Hematology	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
UNCLASSIFIED DRUGS OR BIOLOG	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
Unlisted cardiovascular procedure, diagnostic nuclear medicine	Unknown	RHEUMATOLOGY	Approved	1		0		0
Unlisted CT procedure (eg, diagnostic, interventional)	BEN NEOPLASM CNCTV OTH SOFT TISS HEAD FACE NECK	RADIATION ONCOLOGY	Approved	1		0		0
Unlisted CT procedure (eg, diagnostic, interventional)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Unlisted CT procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF FRONTAL LOBE	SURGERY-NEUROLOGY	Approved	1		0		0
Unlisted CT procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Unlisted CT procedure (eg, diagnostic, interventional)	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Gastroenterology		0		0	Approved	1
UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH	Pain Management		0		0	Approved	1
UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	OTHER MECHANICAL COMPLICATION OF PERMANENT SUTURES, INITIAL ENCOUNTER	Dermatology		0		0	Denied	1
UNLISTED MAAA	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MISC PROSTHETIC SER	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	4		0		0

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UNLISTED MOLECULAR PATHOLOGY	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ALTERED MENTAL STATUS, UNSPECIFIED	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	AMYOTROPHIC LATERAL SCLEROSIS	Genetics	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	ANOREXIA	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ANXIETY DISORDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	CAFE AU LAIT SPOTS	Internal Medicine	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	CHRONIC MYELOPROLIFERATIVE DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	CONTRACTURE, UNSPECIFIED KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	COUGH	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Ancillary	Denied	6	Services are not medically necessary	6		0
UNLISTED MOLECULAR PATHOLOGY	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR SCREENING, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Ancillary	Approved	5		0		0
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIG NEOPLASM OF TRACHEA, BRONC AND LUNG	Ancillary	Denied	3	Services are not medically necessary	3		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BLADDER	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	57		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	71	Services are not medically necessary	71		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Other	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	18		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	11	Services are not medically necessary	11		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	6		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	10	Services are not medically necessary	10		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	3		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	7	Services are not medically necessary	7		0

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UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	12		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	26	Services are not medically necessary	26		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	6		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF OTHER DISEASES OF THE GENITOURINARY SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Cardiovascular Disease	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	HEREDITARY SIDEROBLASTIC ANEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	HYPERTROPHY OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	5		0		0
UNLISTED MOLECULAR PATHOLOGY	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	INTRAHEPATIC BILE DUCT CARCINOMA	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	KLIPPEL-FEIL SYNDROME	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	LIVER CELL CARCINOMA	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	General Practice	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MACROCEPHALY	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	3		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT CARCINOID TUMOR OF THE LG INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT CARCINOID TUMOR OF THE SM INT, UNSP PORTION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF CECUM	Ancillary	Denied	1	Services are not medically necessary	1		0

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UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF ENDOMETRIUM	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Denied	3	Services are not medically necessary	3		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	3		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF PROSTATE	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RIGHT OVARY	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED MALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED MALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	7		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Denied	4	Services are not medically necessary	4		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0

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UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	MULTIPLE CONGENITAL EXOSTOSES	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	NEUROFIBROMATOSIS, TYPE 1	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORAC LYMPH NODES	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	ORGANIC AZOOSPERMIA	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	ORTHOSTATIC HYPOTENSION	Pediatrics	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	OTHER CHRONIC SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	OTHER HYPERLIPIDEMIA	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	OTHER HYPOGLYCEMIA	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	OTHER NEUTROPENIA	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	OTHER PRIMARY THROMBOPHILIA	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	OTHER SPECIFIED EATING DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	OTHER SPONDYLOSIS, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PAIN IN LEFT LEG	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	PARKINSON'S DISEASE	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	4		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Denied	3	Services are not medically necessary	3		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF HODGKIN LYMPHOMA	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF IN-SITU NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	8		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	5	Services are not medically necessary	5		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF CERVIX UTERI	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PIGMENTARY RETINAL DYSTROPHY	Ancillary	Denied	2	Services are not medically necessary	2		0

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UNLISTED MOLECULAR PATHOLOGY	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	POLYP OF COLON	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	SECONDARY MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	SOLITARY PULMONARY NODULE	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	SPONDYLOLYSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	UNSP SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF LEFT BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	UNSPECIFIED NYSTAGMUS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	WALDENSTROM MACROGLOBULINEMIA	Facility	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	C50.111 - Malignant neoplasm of central portion of right female breast; Z17.1 - Estrogen receptor negative status (ER-)	Hematology/Oncology	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Surgery, Plastic		0		0	Denied	1
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Pain Management		0		0	Denied	1
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Pain Management		0		0	Approved	1
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Emergency Medicine		0		0	Denied	1
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Malignant neoplasm of rectum	Surgery, Plastic		0		0	Denied	1
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	OTHER LONG TERM (CURRENT) DRUG THERAPY	Surgery, Oral And Maxillofacial		0		0	Denied	1
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Personal history of malignant neoplasm of cervix uteri	Internal Medicine		0		0	Denied	1
Unlisted MR procedure (eg, diagnostic, interventional)	BENIGN NEOPLASM OF CRANIAL NERVES	NURSE PRACTITIONER	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY-NEUROLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	DEXTROCARDIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Unlisted MR procedure (eg, diagnostic, interventional)	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF FRONTAL LOBE	NEUROLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	MULTIPLE MYELOMA IN RELAPSE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Unlisted MR procedure (eg, diagnostic, interventional)	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Unlisted MR procedure (eg, diagnostic, interventional)	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
Unlisted MR procedure (eg, diagnostic, interventional)	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES	RADIATION ONCOLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	RADIATION THERAPY	Approved	2		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	1		0		0

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Unlisted MR procedure (eg, diagnostic, interventional)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISS	INTERNAL MEDICINE	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Unlisted MR procedure (eg, diagnostic, interventional)	TRIGEMINAL NEURALGIA	RADIATION THERAPY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
UNLISTED PROCEDURE COLON	BENIGN NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
UNLISTED PROCEDURE COLON	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED PROCEDURE COLON	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Facility	Approved	1		0		0
UNLISTED PROCEDURE COLON	POLYP OF COLON	Facility	Approved	2		0		0
UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB	Internal Medicine		0		0	Denied	1
UNLISTED PROCEDURE, ARTHROSCOPY	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	Pain Management		0		0	Denied	1
UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE, OTHER SITE	Surgery, Orthopedic		0		0	Denied	1
UNLISTED PROCEDURE, NERVOUS SYSTEM	Pain in left knee	Neurology		0		0	Denied	1
UNLISTED PROCEDURE, SPINE	LOW BACK PAIN	Dermatology		0		0	Denied	1
UNLISTED PROCEDURE, SPINE	SPONDYLOLISTHESIS, LUMBAR REGION	Nurse Practitioner		0		0	Approved	1
UNLISTED PROCEDURE, SPINE	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	Emergency Medicine		0		0	Denied	1
UNLISTED PROCEDURE, SPINE	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	Internal Medicine		0		0	Denied	1
UNLISTED PROCEDURE, SPINE	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	Physician Assistant		0		0	Denied	1
UNLISTED PROCEDURE, SPINE	Torsion of testis, unspecified	Pediatrics		0		0	Denied	1
UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT		Allergy/Immunology		0		0	Approved	1
UNLISTED PX SMALL INTESTINE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED PX SMALL INTESTINE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	2		0		0
UNSPECIFIED ORAL ANTI-EMETIC	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
UPPER EXTREMITY STUDY	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	HOSPITAL	Approved	1		0		0
UPPER GI ENDOSCOPY, BIOPSY	R07.0 - Pain in throat	Pediatric Gastroenterology	Approved	1		0		0
UPPR GI ENDOSCOPY, DIAGNOSIS	E66.9 - Obesity, unspecified; Z98.84 - Bariatric surgery status	Gastroenterology	Approved	1		0		0
UPR/LXTR ART STDY 3+ LVLS	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	HOSPITAL	Approved	1		0		0
UPRIGHT GAIT TRAINER	RETT'S SYNDROME	Ancillary	Approved	1		0		0
UPTRAVI 1,000 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 1,200 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 1,400 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 1,600 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 200 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 200 MCG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 200-800 TITRATION PACK	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 400 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 600 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 600 MCG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 800 MCG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UPTRAVI 800 MCG TABLET	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Pulmonary Disease	Approved	1		0		0
UREA 40% CREAM	CORNS AND CALLOSITIES	Podiatry	Approved	1		0		0

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UREA POWDER	SYNDROME OF INAPPROPRIATE SECRETION OF ANTIDIURETIC HORMONE	Internal Medicine	Approved	1		0		0
URINALYSIS NONAUTO W/O SCOPE; OFFICE/OUTPATIENT VISIT, EST; SMEAR, WET MOUNT, SALINE/INK; INSERT P	N81.11 - Cystocele, midline; N81.2 - Incomplete uterovaginal prolapse; N95.2 - Postmenopausal atrophic vaginitis; Z46.89 - Encounter for fitting and adjustment of other specified devices	OB/Gyn	Approved	1		0		0
US EXAM ABDO BACK WALL COMP	SICKLE-CELL DISEASE WITHOUT CRISIS	Facility	Approved	1		0		0
US EXAM ABDO BACK WALL COMP	VESICoureTERAL-REFLUX, UNSPECIFIED	Facility	Approved	2		0		0
US EXAM ABDO BACK WALL LIM	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	1		0		0
US EXAM INFANT HIPS DYNAMIC	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Facility	Approved	1		0		0
US EXAM OF HEAD AND NECK	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	Facility	Approved	1		0		0
US EXAM OF HEAD AND NECK	GENERALIZED ENLARGED LYMPH NODES	Facility	Approved	1		0		0
US EXAM PELVIC COMPLETE	OLIGOMENORRHEA, UNSPECIFIED	Facility	Approved	1		0		0
US GUIDE VASCULAR ACCESS	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Facility	Approved	1		0		0
US NUCHAL TRANSLUCENCY WITHOUT LAB; OB US >= 14 WKS, SNGL FETUS	O09.521 - Supervision of elderly multigravida, first trimester	OB/Gyn	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	ARTHRPATHIC PSORIASIS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	ARTHRPATHIC PSORIASIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
USTEKINUMAB SUB CU INJ, 1 MG	ARTHRPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W ABSCESS	Ancillary	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Ancillary	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Family Medicine	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF SMALL INTESTINE W INTESTINAL OBSTRUCTION	Ancillary	Approved	2		0		0
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	OTHER PSORIASIS	Dermatology	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	PSORIASIS VULGARIS	Ancillary	Approved	2		0		0
USTEKINUMAB SUB CU INJ, 1 MG	PSORIASIS VULGARIS	Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
USTEKINUMAB SUB CU INJ, 1 MG	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Facility	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Ancillary	Approved	3		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Gastroenterology	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Gastroenterology	Approved	2		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF SMALL INTESTINE W INTESTINAL OBSTRUCTION	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0

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USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	4		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	GENERALIZED ABDOMINAL PAIN	Gastroenterology	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
UVL PNL 2 SQ FT OR LESS	PSORIASIS VULGARIS	Ancillary	Approved	2		0		0
UVL PNL 2 SQ FT OR LESS	VITILIGO	Ancillary	Denied	2	Services are not medically necessary	2		0
UVL SYS PANEL 4 FT	OTHER RECURRENT DEPRESSIVE DISORDERS	Ancillary	Denied	1	Services are not medically necessary	1		0
UVL SYS PANEL 6 FT	GUTTATE PSORIASIS	Ancillary	Denied	1	Services are not medically necessary	1		0
UVL SYS PANEL 6 FT	MYCOSIS FUNGOIDES, EXTRANODAL AND SOLID ORGAN SITES	Ancillary	Approved	1		0		0
UVL SYS PANEL 6 FT	MYCOSIS FUNGOIDES, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
UVL SYS PANEL 6 FT	SUBACUTE (ACTIVE) LICHEN PLANUS	Ancillary	Denied	1	Services are not medically necessary	1		0
VACUUM DRAIN BOTTLE/TUBE KIT	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
VAG HYST INCLUDING T/O	NONDISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Facility	Approved	1		0		0
VAGINAL HYSTERECTOMY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
VAGINAL HYSTERECTOMY	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
VALCHLOR 0.016% GEL	MYCOSIS FUNGOIDES, UNSPECIFIED SITE	Dermatology	Approved	1		0		0
VALGANCICLOVIR 450 MG TABLET	CYTOMEGALOVIRAL DISEASE, UNSPECIFIED	Gastroenterology	Approved	1		0		0
VALGANCICLOVIR HCL 50 MG/ML	CYTOMEGALOVIRAL DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
VALVULOPLASTY TRICUSPID	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Ancillary	Approved	1		0		0
VANATOL LQ ORAL SOLUTION	HEADACHE	Internal Medicine	Approved	1		0		0
VANATOL LQ ORAL SOLUTION	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	General Practice	Denied	1	Services are not medically necessary	1		0
VANATOL LQ ORAL SOLUTION	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	General Practice	Denied	2	Services are not medically necessary	2		0
VANATOL S ORAL SOLUTION	TENSION-TYPE HEADACHE, UNSPECIFIED, INTRACTABLE	Physician	Denied	1	Services are not medically necessary	1		0
VANOCIN HCL 125 MG CAPSULE	UNSP ESCHERICHIA COLI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VANCOMYCIN HCL 125 MG CAPSULE	ENTEROCOLITIS D/T CLOSTRIDIUM DIFFICILE, NOT SPCF AS RECUR	Gastroenterology	Approved	1		0		0
VANCOMYCIN HCL 125 MG CAPSULE	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE	Family Medicine	Approved	1		0		0
VANCOMYCIN HCL 125 MG CAPSULE	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT	Physician Assistant	Approved	1		0		0
VANCOMYCIN HCL 125 MG CAPSULE	ESCHERICHIA COLI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Gastroenterology	Denied	1	Services are not medically necessary	1		0
VANCOMYCIN HCL 125 MG CAPSULE	OTH BACTERIAL AGENTS AS THE CAUSE OF DISEASES CLASSD ELSWHR	Gastroenterology	Approved	1		0		0
VANCOMYCIN HCL 250 MG CAPSULE	DIARRHEA, UNSPECIFIED	Gastroenterology	Approved	1		0		0
VANCOMYCIN HCL 250 MG CAPSULE	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT	Gastroenterology	Approved	1		0		0
VANCOMYCIN HCL 250 MG CAPSULE	TINEA PEDIS	Podiatry	Denied	1	Services are not medically necessary	1		0
VANCOMYCIN HCL 250 MG CAPSULE	TINEA UNGUIUM	Family Medicine	Denied	1	Services are not medically necessary	1		0
VANCOMYCIN HCL 250 MG CAPSULE	TINEA UNGUIUM	Podiatry	Denied	1	Services are not medically necessary	1		0

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VANCOMYCIN HCL 250 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
VANCOMYCIN HCL 250 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
VARDENAFIL HCL 10 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VARDENAFIL HCL 10 MG TABLET	PARESTHESIA OF SKIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
VARDENAFIL HCL 20 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VASC EMBOLIZE/OCCLUDE ARTERY	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE ARTERY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE ARTERY	MALIGNANT NEOPLASM OF RECTUM	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE ORGAN	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE ORGAN	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE ORGAN	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	5		0		0
VASC EMBOLIZE/OCCLUDE ORGAN	SUBMUCOUS LEIOMYOMA OF UTERUS	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	ANEURYSMAL BONE CYST, RIGHT THIGH	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSP	Facility	Approved	2		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	CONGENITAL MALFORMATION SYNDROMES PREDOM INVOLVING LIMBS	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	CONGENITAL TRICUSPID STENOSIS	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	COR TRIARTIUM	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	EBSTEIN'S ANOMALY	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	Facility	Denied	1	Services are not medically necessary	1		0
VASC EMBOLIZE/OCCLUDE VENOUS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	PAIN IN LEFT LOWER LEG	Ancillary	Denied	1	Services are not medically necessary	1		0
VASC EMBOLIZE/OCCLUDE VENOUS	PAIN IN RIGHT LOWER LEG	Surgery, Plastic	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	PELVIC AND PERINEAL PAIN	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
VASC EMBOLIZE/OCCLUDE VENOUS	PULMONARY VALVE ATRESIA	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	SCROTAL VARICES	Facility	Approved	2		0		0
VASCEPA 0.5 GM CAPSULE	PURE HYPERGLYCERIDEMIA	Cardiovascular Disease	Approved	1		0		0
VASCEPA 1 GM CAPSULE	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
VASCEPA 1 GM CAPSULE	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	2		0		0
VASCEPA 1 GM CAPSULE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE (EG, CONGENITAL OR ACQUIRED VENOUS MA	Scrotal varices	Facility		0		0	Denied	1
VASCULAR EMOBLIZATION FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION; PLACE CATHETER IN ARTERY; OBS/IP	D25.9 - Leiomyoma of uterus, unspecified	Radiology	Approved	2		0		0
VASCULAR STUDY	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	Facility	Approved	1		0		0
VASCULAR STUDY	EMBOLISM AND THROMBOSIS OF RENAL VEIN	Facility	Approved	1		0		0
VASCULAR STUDY	I82.90 - Acute embolism and thrombosis of unspecified vein	Nurse Practitioner	Approved	1		0		0
VASCULAR STUDY	OTHER BRACHIAL PLEXUS BIRTH INJURIES	Facility	Approved	1		0		0
VASCULAR STUDY	PARESTHESIA OF SKIN	Facility	Approved	2		0		0
VASCULAR STUDY; UPPER EXTREMITY STUDY; LOWER EXTREMITY STUDY	R20.2 - Paresthesias	Neurology	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Other	Approved	1		0		0

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VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	2		0		0
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Approved	2		0		0
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Denied	1	Services are not medically necessary	1		0
VASCULAR SURGERY PROCEDURE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Emergency Medicine	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	1		0		0
VASOPNEUMATIC DEVICE THERAPY	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
VASOPNEUMATIC DEVICE THERAPY	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	MULTI-SPECIALTY GROUP	Approved	1		0		0
VCUG PEDI	N99.0 - Urinary tract infection, site not specified	Pediatrics	Approved	1		0		0
VEIN ABLATION MULTI VESSEL	I87.8 - Other specified disorders of veins; N18.5 - Chronic kidney disease, stage 5; Z45.2 - Encounter for adjustment and management of vascular access device	Family Medicine	Approved	1		0		0
VEIN X-RAY ARMS/LEGS	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	Facility	Approved	1		0		0
VELPHORO 500 MG CHEWABLE TAB		Nephrology	Approved	1		0		0
VELPHORO 500 MG CHEWABLE TAB	DISORDER OF PHOSPHORUS METABOLISM, UNSPECIFIED	Nephrology	Approved	1		0		0
VELPHORO 500 MG CHEWABLE TAB	END STAGE RENAL DISEASE	Nephrology	Approved	7		0		0
VELPHORO 500 MG CHEWABLE TAB	END STAGE RENAL DISEASE	Nephrology	Denied	1	Services are not medically necessary	1		0
VELPHORO 500 MG CHEWABLE TAB	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Internal Medicine	Approved	1		0		0
VELPHORO 500 MG CHEWABLE TAB	OTHER GENERAL SYMPTOMS AND SIGNS	Nephrology	Approved	1		0		0
VELTIN 1.2%-0.025% GEL	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
VELTIN 1.2%-0.025% GEL	ACNE VULGARIS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
VEMLIDY 25 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Family Medicine	Approved	1		0		0
VEMLIDY 25 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Gastroenterology	Approved	9		0		0
VEMLIDY 25 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Transplant Hepatology	Approved	1		0		0
VEMLIDY 25 MG TABLET	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA	Surgery, General	Approved	1		0		0
VENCLEXTA 100 MG TABLET	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Hematology	Approved	3		0		0
VENCLEXTA 100 MG TABLET	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
VENCLEXTA 100 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Approved	1		0		0
VENCLEXTA 50 MG TABLET	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Hematology	Approved	1		0		0
VENCLEXTA STARTING PACK	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
VENLAFAXINE HCL ER 150 MG CAP	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
VENLAFAXINE HCL ER 150 MG CAP	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
VENLAFAXINE HCL ER 150 MG CAP	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VENLAFAXINE HCL ER 150 MG CAP	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
VENLAFAXINE HCL ER 150 MG CAP	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
VENLAFAXINE HCL ER 150 MG CAP	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
VENLAFAXINE HCL ER 75 MG CAP	OTHER FATIGUE	Neurology	Approved	1		0		0

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VENOUS SAMPLING BY CATHETER	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Facility	Approved	1		0		0
VENOUS SAMPLING BY CATHETER	PRIMARY HYPERPARATHYROIDISM	Facility	Approved	2		0		0
VENTOLIN	UNSPECIFIED ASTHMA, UNCOMPLICATED	Physician		0		0	Approved	1
VENTOLIN HFA 90 MCG INHALER	MALIGNANT NEOPLASM OF LOWER LOBE, UNSP BRONCHUS OR LUNG	Oncology	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	OTH ALLERGY STATUS, OTH THAN TO DRUGS AND BIOLG SUBSTANCES	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Physician Assistant	Approved	1		0		0
VENTOLIN HFA 90 MCG INHALER	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Physician	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
VENTOLIN HFA 90 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
VERDESO 0.05% FOAM	OTHER SEBORRHEIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	Obstetrics/Gynecology		0		0	Denied	1
VERTEPORFIN INJECTION; OCULAR PHOTODYNAMIC THER; EYE PHOTODYNAMIC THER ADD-ON	E11.3513 - Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Ophthalmology	Approved	1		0		0
VERZENIO 100 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
VERZENIO 100 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
VERZENIO 150 MG TABLET	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
VERZENIO 150 MG TABLET	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
VERZENIO 150 MG TABLET	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
VERZENIO 150 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Hematology	Approved	1		0		0
VERZENIO 150 MG TABLET	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
VERZENIO 200 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
VERZENIO 200 MG TABLET	MALIGNANT NEOPLASM OF CENTRAL PORTION OF BREAST	Oncology	Approved	1		0		0
VERZENIO 200 MG TABLET	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Hematology	Approved	1		0		0
VESICARE 10 MG TABLET	FREQUENCY OF MICTURITION	Family Medicine	Approved	1		0		0
VESICARE 10 MG TABLET	FREQUENCY OF MICTURITION	Urology	Approved	1		0		0
VESICARE 10 MG TABLET	MIXED INCONTINENCE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VESICARE 10 MG TABLET	OTHER SPECIFIED DISORDERS OF BLADDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
VESICARE 10 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VESICARE 10 MG TABLET	OVERACTIVE BLADDER	Urology	Approved	1		0		0
VESICARE 10 MG TABLET	URGE INCONTINENCE	Family Medicine	Approved	1		0		0
VESICARE 10 MG TABLET	URGE INCONTINENCE	Internal Medicine	Approved	1		0		0
VESICARE 10 MG TABLET	URGE INCONTINENCE	Urology	Approved	2		0		0

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VESICARE 10 MG TABLET	URGENCY OF URINATION	Female Pelvic Medicine And Reconstructive Surgery	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	FEELING OF INCOMPLETE BLADDER EMPTYING	Urology	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	INCONTINENCE WITHOUT SENSORY AWARENESS	Physician	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	MIXED INCONTINENCE	Urology	Approved	1		0		0
VESICARE 5 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Approved	1		0		0
VESICARE 5 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	OVERACTIVE BLADDER	Urology	Approved	1		0		0
VESICARE 5 MG TABLET	OVERACTIVE BLADDER	Urology	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	UNSPECIFIED URINARY INCONTINENCE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	URGENCY OF URINATION	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
VESSEL MAPPING HEMO ACCESS	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
VESSEL MAPPING HEMO ACCESS	I25.10 - Atherosclerotic heart disease of native coronary artery without angina pectoris	Cardiac Surgery	Approved	1		0		0
VESSEL MAPPING HEMO ACCESS	I87.8 - Other specified disorders of veins; N18.5 - Chronic kidney disease, stage 5; Z45.2 - Encounter for adjustment and management of vascular access device	Family Medicine	Approved	1		0		0
VESSEL MAPPING HEMO ACCESS	OTHER ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	1		0		0
V-GO 40 DISPOSABLE DEVICE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
VIAGRA 100 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIAGRA 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
VIAGRA 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
VIAGRA 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Approved	1		0		0
VIAGRA 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	3	Services are not medically necessary	3		0
VIAGRA 25 MG TABLET	DRUG-INDUCED ERECTILE DYSFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
VIAGRA 50 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VICTOZA 2-PAK 18 MG/3 ML PEN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Approved	1		0		0
VICTOZA 3-PAK 18 MG/3 ML PEN	METABOLIC SYNDROME	Endocrinology And Metabolism	Approved	1		0		0
VICTOZA 3-PAK 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Physician Assistant	Approved	1		0		0
VICTOZA 3-PAK 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
VICTOZA 3-PAK 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
VICTOZA 3-PAK 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	2		0		0
VICTOZA 3-PAK 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
VIGADRONE 500 MG POWDER PACKET	EPILEPTIC SPASMS, NOT INTRACTABLE, W/O STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
VIGADRONE 500 MG POWDER PACKET	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Pediatric Neurology	Approved	1		0		0
VIIBRYD	GENERALIZED ANXIETY DISORDER	Internal Medicine		0		0	Denied	1
VIIBRYD	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine		0		0	Approved	1
VIIBRYD	Unspecified mood [affective] disorder	Urology		0		0	Approved	1
VIIBRYD 10 MG TABLET		Psychiatry	Approved	1		0		0
VIIBRYD 10 MG TABLET	ADJUSTMENT DISORDER WITH ANXIETY	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry, Child & Adolescent	Approved	1		0		0
VIIBRYD 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	2		0		0

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VIIBRYD 10 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Nurse Practitioner	Approved	1		0		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	2		0		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Approved	1		0		0
VIIBRYD 10 MG TABLET	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	Psychiatry	Approved	1		0		0
VIIBRYD 10 MG TABLET	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 10-20 MG STARTER PACK	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	1		0		0
VIIBRYD 10-20 MG STARTER PACK	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	General Practice	Approved	1		0		0
VIIBRYD 10-20 MG STARTER PACK	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	DYSTHYMIC DISORDER	Physician	Approved	1		0		0
VIIBRYD 20 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Approved	2		0		0
VIIBRYD 20 MG TABLET	FEMALE SEXUAL AROUSAL DISORDER	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	3		0		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician Assistant	Approved	1		0		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	2	Services are not medically necessary	2		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Behavioral Nurse	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Internal Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	7		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	3		0		0

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VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Nurse Practitioner Primary Care	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Denied	2	Services are not medically necessary	2		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	5		0		0
VIIBRYD 20 MG TABLET	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	OTHER SPECIFIED DEPRESSIVE EPISODES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
VIIBRYD 40 MG TABLET		Neurology	Denied	1	Services are not medically necessary	1		0
VIIBRYD 40 MG TABLET	ANHEDONIA	Internal Medicine	Approved	1		0		0
VIIBRYD 40 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
VIIBRYD 40 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Physician Assistant	Approved	1		0		0
VIIBRYD 40 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	Internal Medicine	Approved	1		0		0
VIIBRYD 40 MG TABLET	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
VIIBRYD 40 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
VIIBRYD 40 MG TABLET	DYSTHYMIC DISORDER	Physician	Approved	1		0		0
VIIBRYD 40 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Approved	2		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Approved	5		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	2	Services are not medically necessary	2		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician Assistant	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	6		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	2	Services are not medically necessary	2		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Neurology	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	2		0		0

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VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Physician Assistant	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Nurse Practitioner	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	2		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Physician	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	5		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 40 MG TABLET	OTHER REACTIONS TO SEVERE STRESS	Behavioral Nurse	Approved	1		0		0
VIMOVO DR 500-20 MG TABLET	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	Rheumatology	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	ARTHROPATHY, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	BILATERAL BRACHIAL OSTEOARTHRITIS OF KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	BURSITIS OF LEFT SHOULDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	FIBROMYALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	INJURY OF BRACHIAL PLEXUS, INITIAL ENCOUNTER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	LATERAL EPICONDYLITIS, UNSPECIFIED ELBOW	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	LOW BACK PAIN	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	METATARSALGIA, RIGHT FOOT	Podiatry	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	OSTEOARTHRITIS, UNSPECIFIED SITE	Pain Management	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
VIMOVO DR 500-20 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PAIN IN RIGHT FOOT	Podiatry	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PLANTAR FASCIAL FIBROMATOSIS	Podiatry	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Rheumatology	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Pain Management	Denied	1	Services are not medically necessary	1		0
VIMPAT 10 MG/ML SOLUTION	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatric Neurology	Approved	1		0		0
VIMPAT 10 MG/ML SOLUTION	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Pediatrics	Approved	2		0		0

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VIMPAT 100 MG TABLET	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W STAT EPI	Neurology	Approved	1		0		0
VIMPAT 100 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Family Medicine	Approved	1		0		0
VIMPAT 100 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
VIMPAT 100 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W STAT EPI	Family Medicine	Approved	1		0		0
VIMPAT 100 MG TABLET	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
VIMPAT 100 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
VIMPAT 100 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Family Medicine	Approved	1		0		0
VIMPAT 100 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PART SEIZ, NOT NTRCT, W STAT EPI	Physician	Approved	1		0		0
VIMPAT 100 MG TABLET	OTHER SEIZURES	Neurology	Approved	1		0		0
VIMPAT 100 MG TABLET	POST TRAUMATIC SEIZURES	Physical Medicine	Approved	1		0		0
VIMPAT 100 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	3		0		0
VIMPAT 150 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
VIMPAT 150 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
VIMPAT 150 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	Neurology	Approved	2		0		0
VIMPAT 150 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PARTIAL SEIZ, NTRCT, W STAT EPI	Sleep Medicine	Approved	1		0		0
VIMPAT 150 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PART SEIZ, NOT NTRCT, W STAT EPI	Neurology	Approved	1		0		0
VIMPAT 150 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
VIMPAT 150 MG TABLET	OTHER SEIZURES	Neurology	Approved	1		0		0
VIMPAT 150 MG TABLET	OTHER SEIZURES	Physical Medicine	Approved	1		0		0
VIMPAT 150 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	2		0		0
VIMPAT 200 MG TABLET	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Internal Medicine	Approved	1		0		0
VIMPAT 200 MG TABLET	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
VIMPAT 200 MG TABLET	ILLNESS, UNSPECIFIED	Physical Medicine	Approved	1		0		0
VIMPAT 200 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	Nurse Practitioner	Approved	1		0		0
VIMPAT 200 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Neurology	Approved	3		0		0
VIMPAT 200 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
VIMPAT 200 MG TABLET	OTHER SEIZURES	Neurology	Approved	1		0		0
VIMPAT 200 MG TABLET	UNSPECIFIED ATRIAL FIBRILLATION	Neurology	Approved	1		0		0
VIMPAT 50 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W STAT EPI	General Practice	Approved	1		0		0
VIMPAT 50 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PART SEIZ, NTRCT, W/O STAT EPI	Psychiatry	Approved	1		0		0
VIMPAT 50 MG TABLET	LOCAL-REL SYMPTC EPI W CMLPX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Psychiatry	Approved	1		0		0
VIMPAT 50 MG TABLET	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	1		0		0
VIMPAT 50 MG TABLET	UNSPECIFIED CONVULSIONS	Internal Medicine	Approved	1		0		0

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VIMPAT 50 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	1		0		0
VINBLASTINE SULFATE INJ	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	Critical Care Medicine	Approved	1		0		0
VINBLASTINE SULFATE INJ	NODLR LYMPHOCY PREDOM HDGKN LYMPH, NODES OF HEAD, FACE, & NK	Oncology	Approved	1		0		0
VINCRISTINE SULFATE 1 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	6		0		0
VINCRISTINE SULFATE 1 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Hematology	Approved	1		0		0
VINCRISTINE SULFATE 1 MG INJ	ANEMIA, UNSPECIFIED	Family Medicine	Approved	4		0		0
VINCRISTINE SULFATE 1 MG INJ	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
VINCRISTINE SULFATE 1 MG INJ	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Other	Approved	2		0		0
VINCRISTINE SULFATE 1 MG INJ	LYMPHOBLASTIC LYMPHOMA, NODES OF HEAD, FACE, AND NECK	Other	Approved	1		0		0
VINCRISTINE SULFATE 1 MG INJ	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Family Medicine	Approved	1		0		0
VINCRISTINE SULFATE 1 MG INJ	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	1		0		0
VINCRISTINE SULFATE 1 MG INJ	MALIGNANT NEOPLASM OF LEFT RETINA	Facility	Approved	3		0		0
VINORELBINE TARTRATE INJ	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	Critical Care Medicine	Approved	1		0		0
VIREAD 300 MG TABLET	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Gastroenterology	Approved	3		0		0
VIREAD 300 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	2		0		0
VISC & INFRAREN ABD 2 PROSTH	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	Surgery, General	Approved	1		0		0
VIT FOR MACULAR HOLE	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Approved	1		0		0
VIT FOR MACULAR HOLE	MACULAR CYST, HOLE, OR PSEUDOHOLE, RIGHT EYE	Ancillary	Approved	3		0		0
VIT FOR MACULAR HOLE	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
VIT FOR MACULAR HOLE	PUCKERING OF MACULA, RIGHT EYE	Ancillary	Approved	2		0		0
VITAMIN B-1 100 MG TABLET	MAPLE-SYRUP-URINE DISEASE	Genetics	Denied	1	Services are not medically necessary	1		0
VITAMIN B12 INJECTION	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	Family Medicine	Approved	3		0		0
VITAMIN D3 2,000 UNIT TABLET	VITAMIN D DEFICIENCY, UNSPECIFIED	Counseling	Denied	1	Services are not medically necessary	1		0
VIVELLE-DOT 0.025 MG PATCH	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
VIVELLE-DOT 0.1 MG PATCH	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
VIVELLE-DOT 0.1 MG PATCH	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
VIVOTIF EC CAPSULE	ENCNTR FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS	Pediatrics	Denied	1	Services are not medically necessary	1		0
VIVOTIF EC CAPSULE	ENCOUNTER FOR IMMUNIZATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
VKORC1 GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
VOLTAREN 1% GEL	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Physician	Approved	1		0		0
VOLTAREN 1% GEL	POLYOSTEOARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
VOLTAREN 1% GEL	POLYOSTEOARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
VOLUME DEplete OF HARVEST	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
VORICONAZOLE 200 MG TABLET		Hematology	Approved	1		0		0
VORICONAZOLE 200 MG TABLET	ASPERGILLOSIS, UNSPECIFIED	Hematology	Approved	2		0		0
VORICONAZOLE 200 MG TABLET	ASPERGILLOSIS, UNSPECIFIED	Infectious Disease	Approved	1		0		0
VORICONAZOLE 200 MG TABLET	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
VORICONAZOLE 200 MG TABLET	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	Infectious Disease	Approved	1		0		0
VORICONAZOLE 200 MG TABLET	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	Infectious Disease	Approved	1		0		0
VORICONAZOLE 200 MG TABLET	INFECT/INFLM REACTION DUE TO INTERNAL LEFT KNEE PROSTH, SUBS	Infectious Disease	Approved	1		0		0
VORICONAZOLE 200 MG TABLET	LIVER TRANSPLANT STATUS	Surgery, General	Approved	1		0		0
VORICONAZOLE 200 MG TABLET	OTHER FORMS OF ASPERGILLOSIS	Internal Medicine	Approved	1		0		0

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VORICONAZOLE 200 MG TABLET	TINEA UNGUIUM	Infectious Disease	Approved	1		0		0
VORICONAZOLE 40 MG/ML SUSP	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Pediatric Hematology/Oncology	Approved	1		0		0
VORICONAZOLE 40 MG/ML SUSP	BURKITT LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	Pediatric Hematology/Oncology	Approved	1		0		0
VORICONAZOLE 40 MG/ML SUSP	PERITONEAL ABSCESS	Internal Medicine	Approved	1		0		0
VORICONAZOLE 50 MG TABLET	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0
VOSEVI 400-100-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	1		0		0
VOSEVI 400-100-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Infectious Disease	Approved	1		0		0
VOSEVI 400-100-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Internal Medicine	Approved	1		0		0
VRAYLAR	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Emergency Medicine		0		0	Approved	1
VRAYLAR	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Pain Management		0		0	Denied	1
VRAYLAR 1.5 MG CAPSULE		Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORD, CRNT EPISODE MANIC W/O PSYCH FEATURES, UNSP	Internal Medicine	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORD, CRNT EPSD DEPRESS, MILD OR MOD SEVERT, UNSP	Internal Medicine	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychiatry	Denied	2	Services are not medically necessary	2		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORD, IN PARTIAL REMIS, MOST RECENT EPSD DEPRESS	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE MANIC W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MILD	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE MIXED, UNSPECIFIED	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR II DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR II DISORDER	Psychiatry	Denied	2	Services are not medically necessary	2		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0

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VRAYLAR 1.5 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Denied	1	Services are not medically necessary	1		0
VRAYLAR 3 MG CAPSULE	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychology	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	BIPOLAR DISORD, CURRENT EPISODE DEPRESS, MILD OR MOD SEVERT	Psychiatry	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	BIPOLAR DISORD, IN PARTIAL REMIS, MOST RECENT EPSD DEPRESS	Psychiatry	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VRAYLAR 3 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 3 MG CAPSULE	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEVERE W PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
VRAYLAR 3 MG CAPSULE	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychiatry	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS	Family Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 3 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 4.5 MG CAPSULE	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES	Psychiatry	Approved	1		0		0
VRAYLAR 4.5 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Physician	Approved	1		0		0
VRAYLAR 4.5 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
VRAYLAR 4.5 MG CAPSULE	BIPOLAR II DISORDER	Family Medicine	Approved	1		0		0
VRAYLAR 4.5 MG CAPSULE	SCHIZOPHRENIA, UNSPECIFIED	Psychiatry	Approved	1		0		0
VULVECTOMY SIMPLE; PARTIAL	Vulvar cyst	Facility		0		0	Denied	1
VUMERITY DR 231 MG CAPSULE	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
VUMERITY DR 231 MG CAPSULE	MULTIPLE SCLEROSIS	Physician	Denied	1	Services are not medically necessary	1		0
VYLEESI 1.75 MG/0.3 ML AUTOINJ	HYPOACTIVE SEXUAL DESIRE DISORDER	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Dermatology		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Internal Medicine		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Obstetrics/Gynecology		0		0	Approved	2
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Obstetrics/Gynecology		0		0	Denied	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician Assistant		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Surgery, Plastic		0		0	Denied	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Emergency Medicine		0		0	Denied	1
VYVANSE	Attention-deficit hyperactivity disorder, predominantly hyperactive type	Surgery, Orthopedic		0		0	Approved	1
VYVANSE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Dermatology		0		0	Approved	3
VYVANSE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Dermatology		0		0	Denied	1

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VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Emergency Medicine		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Physician		0		0	Denied	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Rheumatology		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Surgery, Orthopedic		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Surgery, Orthopedic		0		0	Denied	3
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	Urology		0		0	Approved	1
VYVANSE	Attention-deficit hyperactivity disorder, unspecified type	Neurology		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Obstetrics/Gynecology		0		0	Approved	2
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatric Endocrinology		0		0	Approved	1
VYVANSE	BIPOLAR DISORDER, UNSPECIFIED	Emergency Medicine		0		0	Denied	1
VYVANSE	OTHER SPECIFIED BEHAVIORAL AND EMOTIONAL DISORDERS WITH ONSET USUALLY OCCURRING IN CHILDHOOD AND ADOLESCENCE	Family Medicine		0		0	Approved	1
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	1		0		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatric Neurology	Approved	2		0		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	2		0		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	6	Services are not medically necessary	6		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	6		0		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	2		0		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	2		0		0

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VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
VYVANSE 10 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	1		0		0
VYVANSE 10 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	1		0		0
VYVANSE 10 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CHEWABLE TABLET	ATTENTION AND CONCENTRATION DEFICIT	Pediatrics	Approved	1		0		0
VYVANSE 10 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	7	Services are not medically necessary	7		0
VYVANSE 10 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CAPSULE		Pediatrics	Approved	1		0		0
VYVANSE 20 MG CAPSULE		Pediatrics	Denied	2	Services are not medically necessary	2		0
VYVANSE 20 MG CAPSULE		Psychiatry	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatric Neurology	Approved	2		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatric Neurology	Denied	2	Services are not medically necessary	2		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	8		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	5	Services are not medically necessary	5		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	10		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Neurology	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	2		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	3	Services are not medically necessary	3		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	4		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	5	Services are not medically necessary	5		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	4		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0

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VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychology	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	Psychiatry	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Family Medicine	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	4		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	6	Services are not medically necessary	6		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	General Practice	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatric Neurology	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	9		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	8		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	18	Services are not medically necessary	18		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
VYVANSE 20 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Approved	1		0		0
VYVANSE 20 MG CAPSULE	BINGE EATING DISORDER	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CAPSULE	BINGE EATING DISORDER	Physical Medicine	Approved	1		0		0
VYVANSE 20 MG CAPSULE	BINGE EATING DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	BINGE EATING DISORDER	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	GENERALIZED ANXIETY DISORDER							
VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	3		0		0
VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0
VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	1		0		0

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VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	3	Services are not medically necessary	3		0
VYVANSE 20 MG CHEWABLE TABLET		Pediatrics	Approved	1		0		0
VYVANSE 20 MG CHEWABLE TABLET		Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CHEWABLE TABLET	ATTENTION AND CONCENTRATION DEFICIT	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	2		0		0
VYVANSE 20 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	3	Services are not medically necessary	3		0
VYVANSE 20 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	2		0		0
VYVANSE 20 MG CHEWABLE TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE		Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE		Pediatrics	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CAPSULE		Physician	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE		Psychiatry	Approved	2		0		0
VYVANSE 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Hospice And Palliative Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Internal Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Pediatric Neurology	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	6		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	4	Services are not medically necessary	4		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatric Neurology	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	4		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	4	Services are not medically necessary	4		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	17		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	15	Services are not medically necessary	15		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Family Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	2		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	7	Services are not medically necessary	7		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	General Practice	Approved	1		0		0

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VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	12		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	4	Services are not medically necessary	4		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	10		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	5	Services are not medically necessary	5		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	Psychiatry	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	4		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	6		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	5	Services are not medically necessary	5		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Emergency Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	15		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	14	Services are not medically necessary	14		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatric Neurology	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	8		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	4	Services are not medically necessary	4		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics, Developmental-Behavioral	Denied	1	Services are not medically necessary	1		0

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VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	2		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	26		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	22	Services are not medically necessary	22		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Internal Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	1		0		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Denied	3	Services are not medically necessary	3		0
VYVANSE 30 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	NARCOLEPSY WITHOUT CATAPLEXY	Physician	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	3		0		0
VYVANSE 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	7	Services are not medically necessary	7		0
VYVANSE 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Neurology	Approved	1		0		0
VYVANSE 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	2		0		0
VYVANSE 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Physician	Approved	1		0		0
VYVANSE 30 MG CAPSULE	OTHER BIPOLAR DISORDERS	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CHEWABLE TABLET	ATTENTION AND CONCENTRATION DEFICIT	Internal Medicine	Approved	1		0		0
VYVANSE 30 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	2		0		0
VYVANSE 30 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	2		0		0
VYVANSE 30 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Approved	1		0		0
VYVANSE 30 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE		Family Medicine	Approved	1		0		0
VYVANSE 40 MG CAPSULE		Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE		Psychiatry	Approved	1		0		0
VYVANSE 40 MG CAPSULE		Psychiatry	Denied	2	Services are not medically necessary	2		0
VYVANSE 40 MG CAPSULE	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 40 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	General Practice	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Pediatric Neurology	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	7		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	9		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician	Approved	2		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician Assistant	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	28		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	6	Services are not medically necessary	6		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Pediatrics	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	7		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	6	Services are not medically necessary	6		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	General Practice	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	4		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	3	Services are not medically necessary	3		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	11		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	10		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	5	Services are not medically necessary	5		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychology	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Family Medicine	Approved	2		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	2		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	6		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	15		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	9	Services are not medically necessary	9		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	3		0		0

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VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatric Hematology/Oncology	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	7		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	4	Services are not medically necessary	4		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	28		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	11	Services are not medically necessary	11		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
VYVANSE 40 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	5		0		0
VYVANSE 40 MG CAPSULE	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	3		0		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	4		0		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	1		0		0
VYVANSE 40 MG CAPSULE	UNSPECIFIED SUPERFICIAL INJURY OF ANKLE, FOOT AND TOE	Psychiatry	Approved	1		0		0
VYVANSE 40 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 40 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Neurology	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
VYVANSE 40 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
VYVANSE 40 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CHEWABLE TABLET	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	1		0		0
VYVANSE 50 MG CAPSULE		Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE		Internal Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE		Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE		Psychiatry	Approved	3		0		0
VYVANSE 50 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Physician	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Neurodevelopmental Disabilities	Approved	1		0		0

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VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatric Neurology	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	6		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	33		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	8	Services are not medically necessary	8		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry, Child & Adolescent	Approved	2		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Pediatrics	Approved	2		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	11		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	4	Services are not medically necessary	4		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	6		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	3	Services are not medically necessary	3		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	11		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	2	Services are not medically necessary	2		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Family Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	4		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	13		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	10	Services are not medically necessary	10		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	5		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	2		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	36		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	13	Services are not medically necessary	13		0
VYVANSE 50 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Approved	2		0		0
VYVANSE 50 MG CAPSULE	BINGE EATING DISORDER	Internal Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	BINGE EATING DISORDER	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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VYVANSE 50 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	2		0		0
VYVANSE 50 MG CAPSULE	BULIMIA NERVOSA	Family Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
VYVANSE 50 MG CAPSULE	HYPERSOMNIA DUE TO MEDICAL CONDITION	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
VYVANSE 50 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	6		0		0
VYVANSE 50 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	5		0		0
VYVANSE 50 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	2		0		0
VYVANSE 50 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Physician	Approved	3		0		0
VYVANSE 50 MG CAPSULE	OTHER SPECIFIED DISORDERS OF CENTRAL NERVOUS SYSTEM	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
VYVANSE 50 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 50 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CHEWABLE TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CAPSULE		Family Medicine	Approved	2		0		0
VYVANSE 60 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	4		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	3	Services are not medically necessary	3		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	General Practice	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatric Neurology	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	21		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	4	Services are not medically necessary	4		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Family Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	7		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	2		0		0

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VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	7		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Family Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	6		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Adolescent Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	13		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	2		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Neurology	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	23		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	3	Services are not medically necessary	3		0
VYVANSE 60 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Approved	2		0		0
VYVANSE 60 MG CAPSULE	BINGE EATING DISORDER	Internal Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	1		0		0
VYVANSE 60 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Endocrinology And Metabolism	Approved	1		0		0
VYVANSE 60 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	3		0		0
VYVANSE 60 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Approved	1		0		0
VYVANSE 60 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	26		0		0

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VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	8	Services are not medically necessary	8		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Family Medicine	Approved	2		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Pediatrics	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	12		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Nurse Practitioner Primary Care	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	4		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	4		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	13		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	5		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Anesthesiology	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	24		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	2		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Denied	3	Services are not medically necessary	3		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	2		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	35		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	12	Services are not medically necessary	12		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
VYVANSE 70 MG CAPSULE	BINGE EATING DISORDER	Adolescent Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	BINGE EATING DISORDER	Physician	Approved	1		0		0

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VYVANSE 70 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	2		0		0
VYVANSE 70 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Approved	1		0		0
VYVANSE 70 MG CAPSULE	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychiatry	Approved	1		0		0
VYVANSE 70 MG CAPSULE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 70 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	1		0		0
VYVANSE 70 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Approved	2		0		0
VYZULTA		Dermatology		0		0	Denied	1
VYZULTA	OCULAR HYPERTENSION, UNSPECIFIED EYE	Psychiatry		0		0	Approved	1
VYZULTA	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Pain Management		0		0	Denied	1
VYZULTA 0.024% OPHTH SOLUTION	GLAUCOMA SECONDARY TO EYE INFLAM, LEFT EYE, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	LOW-TENSION GLAUCOMA, BILATERAL, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	OCULAR HYPERTENSION, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	OCULAR HYPERTENSION, UNSPECIFIED EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PIGMENTARY GLAUCOMA, BILATERAL, MODERATE STAGE	Optometry	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PIGMENTARY GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology	Approved	1		0		0
VYZULTA 0.024% OPHTH SOLUTION	PIGMENTARY GLAUCOMA, BILATERAL, SEVERE STAGE	Optometry	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PIGMENTARY GLAUCOMA, RIGHT EYE, MODERATE STAGE	Optometry	Denied	2	Services are not medically necessary	2		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, INDETERMINATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Approved	1		0		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Optometry	Denied	2	Services are not medically necessary	2		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ophthalmology	Approved	2		0		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology	Approved	2		0		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, STAGE UNSPECIFIED	Ophthalmology	Denied	1	Services are not medically necessary	1		0

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VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, SEVERE STAGE	Ophthalmology	Approved	1		0		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MILD STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, SEVERE STAGE	Ophthalmology	Denied	2	Services are not medically necessary	2		0
VYZULTA 0.024% OPHTH SOLUTION	UNSPECIFIED OPEN-ANGLE GLAUCOMA, STAGE UNSPECIFIED	Ophthalmology	Approved	2		0		0
VYZULTA 0.024% OPHTH SOLUTION	UNSPECIFIED OPEN-ANGLE GLAUCOMA, STAGE UNSPECIFIED	Ophthalmology	Denied	4	Services are not medically necessary	4		0
VYZULTA 0.024% OPHTH SOLUTION	UNSPECIFIED OPEN-ANGLE GLAUCOMA, STAGE UNSPECIFIED	Optometry	Denied	1	Services are not medically necessary	1		0
W/C COMPONENT-ACCESSORY NOS	ACUTE PYELONEPHRITIS	Ancillary	Approved	1		0		0
W/C COMPONENT-ACCESSORY NOS	COMPLETE TRAUMATIC AMPUTATION OF R LOW LEG, LEVEL UNSP, INIT	Ancillary	Approved	2		0		0
W/C COMPONENT-ACCESSORY NOS	CONGENITAL COMPLETE ABSENCE OF LOWER LIMB, BILATERAL	Ancillary	Approved	1		0		0
W/C COMPONENT-ACCESSORY NOS	CONGENITAL DEFORMITY OF SPINE	Ancillary	Approved	2		0		0
W/C COMPONENT-ACCESSORY NOS	DENTAL CARIES, UNSPECIFIED	Ancillary	Approved	1		0		0
W/C COMPONENT-ACCESSORY NOS	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
W/C COMPONENT-ACCESSORY NOS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
W/C COMPONENT-ACCESSORY NOS	PARAPLEGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
W/C COMPONENT-ACCESSORY NOS	PHOCOMELIA, UNSPECIFIED LIMB(S)	Ancillary	Approved	16		0		0
W/C COMPONENT-ACCESSORY NOS	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	2		0		0
W/C COMPONENT-ACCESSORY NOS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
W/C COMPONENT-ACCESSORY NOS	UNSP OPN WND UNSP BK WL OF THORAX W/O PENET	Ancillary	Approved	2		0		0
W/C MANUAL SWINGAWAY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
W/C SHOULDER HARNESS/STRAPS	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Approved	1		0		0
WAKIX 17.8 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Physician	Approved	1		0		0
WAKIX 4.45 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Family Medicine	Denied	1	Services are not medically necessary	1		0
WALKER FOLDING ADJUST/FIXED	BUNION OF LEFT FOOT	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	DISEASE OF SPINAL CORD, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	NON-PRESSURE CHRONIC ULCER OTH PRT UNSP FOOT W UNSP SEVERITY	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	POLYNEUROPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	POLYP OF COLON	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WALKER FOLDING ADJUST/FIXED	UNSP FRACTURE OF UPPER END OF LEFT TIBIA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0

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WALKER FOLDING WHEELED W/O S	ACUTE PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	CELLULITIS OF LEFT LOWER LIMB	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	CHONDROMALACIA PATELLAE, RIGHT KNEE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	CHRONIC PAIN SYNDROME	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	COLOSTOMY STATUS	Ancillary	Approved	2		0		0
WALKER FOLDING WHEELED W/O S	CONGENITAL TALIPES EQUINOVARUS	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	DISEASE OF SPINAL CORD, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	DYSPNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	ENCNTR FOR SURGICAL AFTCR FOL SURGERY ON THE NERVOUS SYS	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	2		0		0
WALKER FOLDING WHEELED W/O S	ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	FIBROSIS DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	HEART FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	Ancillary	Approved	3		0		0
WALKER FOLDING WHEELED W/O S	LOW BACK PAIN	Ancillary	Approved	3		0		0
WALKER FOLDING WHEELED W/O S	LUMBAGO WITH SCIATICA, LEFT SIDE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OBESITY, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	5		0		0
WALKER FOLDING WHEELED W/O S	OSTEONECROSIS, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTH COMP OF INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER ASCITES	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER BENIGN NEUROENDOCRINE TUMORS	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER CEREBRAL PALSY	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER MALAISE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER SPECIFIED NONINFECTIVE GASTROENTERITIS AND COLITIS	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER SPECIFIED POSTPROCEDURAL STATES	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER SPONDYLOSIS, SITE UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	OVERACTIVE BLADDER	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	PRESENCE OF HEART ASSIST DEVICE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0

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WALKER FOLDING WHEELED W/O S	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Ancillary	Approved	6		0		0
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	7		0		0
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Ancillary	Approved	4		0		0
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	14		0		0
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED HIP	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSP FRACTURE OF LEFT PATELLA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSP FRACTURE OF RIGHT PATELLA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSP FRACTURE OF UNSP FEMUR, INIT ENCNR FOR CLOSED FRACTURE	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSP FX SHAFT OF LEFT FEMUR, SUBS FOR CLOS FX W NONUNION	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSP INTRACAPSULAR FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSPECIFIED ABDOMINAL PAIN	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Ancillary	Approved	1		0		0
WALKER FOLDING WHEELED W/O S	WEAKNESS	Ancillary	Approved	1		0		0
WALKER RIGID ADJUST/FIXED HT	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Ancillary	Approved	1		0		0
WALKER SEAT ATTACHMENT	OBESITY, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER SEAT ATTACHMENT	POLYNEUROPATHY, UNSPECIFIED	Ancillary	Approved	1		0		0
WALKER SEAT ATTACHMENT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
WATER FOR INJECTION VIAL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
WAVESENSE PRESTO TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
WC PLANAR BACK CUSH WD <22IN	COMPLETE TRAUMATIC AMPUTATION OF R LOW LEG, LEVEL UNSP, INIT	Ancillary	Approved	1		0		0
WELLBUTRIN SR 150 MG TABLET		Family Medicine	Approved	1		0		0
WELLBUTRIN SR 150 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Obstetrics/Gynecology	Approved	1		0		0
WELLBUTRIN SR 200 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
WELLBUTRIN XL	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Sleep Medicine		0		0	Denied	1
WELLBUTRIN XL 150 MG TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
WELLBUTRIN XL 150 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
WELLBUTRIN XL 150 MG TABLET	DISRUPTIVE MOOD DYSREGULATION DISORDER	Psychiatry	Approved	1		0		0
WELLBUTRIN XL 150 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician Assistant	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Approved	2		0		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	1		0		0

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WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
WELLBUTRIN XL 150 MG TABLET	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W DEPRESSV FEATURES	General Practice	Approved	1		0		0
WELLBUTRIN XL 150 MG TABLET	OTHER SPECIFIED DEPRESSIVE EPISODES	Family Medicine	Approved	1		0		0
WELLBUTRIN XL 150 MG TABLET	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Family Medicine	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Family Medicine	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 300 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	GENERALIZED ANXIETY DISORDER	Internal Medicine	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Denied	3	Services are not medically necessary	3		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Denied	2	Services are not medically necessary	2		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	2		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	2		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	2	Services are not medically necessary	2		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Denied	2	Services are not medically necessary	2		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	3		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	2	Services are not medically necessary	2		0
WHCHR LITWT DET ARM LEG REST	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	1		0		0
WHCHR LITWT DET ARM LEG REST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	Ancillary		0		0	Approved	1

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WHEELCHAIR ANTI-TIPPING DEVI	UNSP FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHEELCHAIR ANTI-TIPPING DEVI	UNSP FX SHAFT OF LEFT FEMUR, SUBS FOR CLOS FX W NONUNION	Ancillary	Approved	1		0		0
WHEELCHAIR ELEVATING LEG RES	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
WHEELCHAIR HVY DUTY DETACH A	UNSTABLE ANGINA	Ancillary	Approved	1		0		0
WHEELCHAIR LIGHTWT FIXED ARM	RECTAL ABSCESS	Ancillary	Approved	1		0		0
WHEELCHAIR LIGHTWT FOOT REST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	DEHYDRATION	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	FEVER, UNSPECIFIED	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	Ancillary	Approved	2		0		0
WHEELCHAIR STANDARD DETACH A	PAIN IN RIGHT FOOT	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD DETACH A	RECTAL ABSCESS	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	DISP FX OF L TIBIAL SPIN, 7THE	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	DISPLACED TRIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	OTH FRACTURE OF RIGHT LOWER LEG, INIT FOR OPN FX TYPE I/2	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	SYNCOPE AND COLLAPSE	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	UNSP FX SHAFT OF LEFT FEMUR, SUBS FOR CLOS FX W NONUNION	Ancillary	Approved	1		0		0
WHEELCHAIR STANDARD W/ LEG R	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Ancillary	Approved	1		0		0
WHEELCHAIR WIDE W/ FOOT REST	ACQUIRED ABSENCE OF LEFT FOOT	Ancillary	Approved	1		0		0
WHEELCHAIR WIDE W/ FOOT REST	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Ancillary	Approved	1		0		0
WHEELCHAIR WIDE W/ FOOT REST	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Ancillary	Approved	1		0		0
WHEELCHAIR WIDE W/ FOOT REST	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
WHEELCHAIR WIDE W/ FOOT REST	NONDISP FX OF MEDIAL MALLEOLUS OF UNSP TIBIA, INIT	Ancillary	Approved	1		0		0
WHEELCHAIR WIDE W/ FOOT REST	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	DISP FX OF DISTAL PHALANX OF RIGHT THUMB, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	DISP FX OF PROX PHALANX OF R THM, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	DISP FX OF SHAFT OF UNSP MC BONE, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	2		0		0

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WHFO W/O JOINTS PRE CST	FX UNSP PHALANX OF UNSP FINGER, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED CARPUS	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	LATERAL EPICONDYLITIS, RIGHT ELBOW	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE CST	MEDIAL EPICONDYLITIS, RIGHT ELBOW	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	NONDISP FX OF BODY OF HAMATE BONE, L WRS, 7THD	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	NONDISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THD	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE CST	NONDISP FX OF MIDDLE PHALANX OF RIGHT INDEX FINGER, 7THD	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	NONDISP FX OF PROXIMAL PHALANX OF LEFT THUMB, INIT	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE CST	NONDISP FX OF PROXIMAL PHALANX OF RIGHT THUMB, INIT	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	3		0		0
WHFO W/O JOINTS PRE CST	OTHER CHRONIC PAIN	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	PAIN IN LEFT FINGER(S)	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	PAIN IN LEFT HAND	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	PAIN IN LEFT WRIST	Ancillary	Approved	5		0		0
WHFO W/O JOINTS PRE CST	PAIN IN RIGHT FINGER(S)	Ancillary	Approved	3		0		0
WHFO W/O JOINTS PRE CST	PAIN IN RIGHT HAND	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE CST	PAIN IN RIGHT WRIST	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	PRIMARY OSTEOARTHRITIS, LEFT WRIST	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Ancillary	Approved	17		0		0
WHFO W/O JOINTS PRE CST	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	SNORING	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	SPRAIN OF METACARPOPHALANGEAL JOINT OF RIGHT THUMB, INIT	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	TRIGGER FINGER, LEFT MIDDLE FINGER	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	TRIGGER THUMB, RIGHT THUMB	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	UNSP FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND, INIT	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	UNSP FRACTURE OF RIGHT WRIST AND HAND, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNR	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), SUBS ENCNR	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNR	Ancillary	Approved	3		0		0
WHFO W/O JOINTS PRE CST	UNSP INJURY OF UNSP WRIST, HAND AND FINGER(S), INIT ENCNR	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE CST	UNSPECIFIED SPRAIN OF LEFT THUMB, INITIAL ENCOUNTER	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE CST	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0

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WHFO W/O JOINTS PRE OTS	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	CONTUSION OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INIT ENCNR	Ancillary	Approved	3		0		0
WHFO W/O JOINTS PRE OTS	CRUSHING INJURY OF RIGHT HAND, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	CYST OF SPLEEN	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	DISEASES OF THE DGSTV SYS COMP PREGNANCY, SECOND TRIMESTER	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	DISP FX OF PROX PHALANX OF R THM, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	DISP FX OF PROXIMAL PHALANX OF UNSP FINGER, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	LACERATION WITHOUT FOREIGN BODY OF LEFT WRIST, INIT ENCNR	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	MEDIAL EPICONDYLITIS, RIGHT ELBOW	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	MYRINGOTOMY TUBE(S) STATUS	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	NONDISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THD	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	NONDISP FX OF NK OF 5TH MC BONE, R HAND, 7THD	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	NONDISP FX OF PROXIMAL PHALANX OF LEFT THUMB, INIT	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	OTH TEAR OF LAT MENSCL, CURRENT INJURY, LEFT KNEE, SUBS	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	PAIN IN LEFT FINGER(S)	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE OTS	PAIN IN RIGHT FINGER(S)	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	PAIN IN RIGHT HAND	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	PAIN IN RIGHT WRIST	Ancillary	Approved	3		0		0
WHFO W/O JOINTS PRE OTS	PARESTHESIA OF SKIN	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Ancillary	Approved	9		0		0
WHFO W/O JOINTS PRE OTS	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	RIGHT LOWER QUADRANT PAIN	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	SNORING	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE OTS	SPRAIN OF INTERPHALANGEAL JOINT OF LEFT LITTLE FINGER, INIT	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	2		0		0
WHFO W/O JOINTS PRE OTS	SPRAIN OF METACARPOPHALANGEAL JOINT OF LEFT THUMB, INIT	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	SPRAIN OF METACARPOPHALANGEAL JOINT OF LEFT THUMB, SUBS	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	STRAIN OF MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, INIT	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	UNSP FRACTURE OF METACARPAL BONE, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0

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WHFO W/O JOINTS PRE OTS	UNSP FRACTURE OF NAVICULAR BONE OF LEFT WRIST, INIT	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNR	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNR	Ancillary	Approved	3		0		0
WHFO W/O JOINTS PRE OTS	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	UNSPECIFIED SPRAIN OF LEFT WRIST, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	UNSPECIFIED SPRAIN OF RIGHT THUMB, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
WHFO W/O JOINTS PRE OTS	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	ANESTHESIA OF SKIN	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	AUTOIMMUNE THYROIDITIS	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	BARTON'S FRACTURE OF LEFT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	BENIGN NEOPLASM OF PARATHYROID GLAND	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	CALCULUS OF KIDNEY	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Ancillary	Approved	22		0		0
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Ancillary	Approved	10		0		0
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	24		0		0
WHO COCK-UP NONMOLDE PRE OTS	CHEST PAIN, UNSPECIFIED	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	COLLES' FRACTURE OF R RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	COLLES' FX LEFT RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	CONTUSION OF LEFT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THG	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THD	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF NK OF 5TH MC BONE, R HAND, 7THD	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF NK OF 5TH MC BONE, R HAND, SUBS FOR FX W MALUNION	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF RIGHT ULNA STYLOID PROCESS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DISPL TRANSVERSE FX SHAFT OF L RAD, 7THD	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF LEFT ULNA, INIT	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	DORSALGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	6		0		0
WHO COCK-UP NONMOLDE PRE OTS	ESSENTIAL (PRIMARY) HYPERTENSION	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	FRACTURE OF UNSP CARPAL BONE, LEFT WRIST, INIT FOR CLOS FX	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	GANGLION, RIGHT WRIST	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	GANGLION, UNSPECIFIED SITE	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	1		0		0

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WHO COCK-UP NONMOLDE PRE OTS	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED CARPUS	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	INJURY OF ULNAR NERVE AT FOREARM LEVEL, RIGHT ARM, INIT	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	LATERAL EPICONDYLITIS, RIGHT ELBOW	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF BASE OF FIFTH MC BONE, R HAND, INIT FOR OPN FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF HEAD OF R RAD, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF LUNATE, RIGHT WRIST, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THD	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF MIDDLE PHALANX OF LEFT MIDDLE FINGER, 7THD	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	NONDISP TRANSVERSE FX SHAFT OF L RAD, 7THD	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	12		0		0
WHO COCK-UP NONMOLDE PRE OTS	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE, LEFT HAND	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE, RIGHT HAND	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH DISEASES AND CONDITIONS COMPL PREG/CHLDBRTH	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END L RAD, 7THD	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END L RAD, SUBS FOR CLOS FX W MALUNION	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END R RAD, 7THD	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END R RAD, 7THG	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH FRACTURES OF LOWER END OF LEFT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH FRACTURES OF LOWER END OF RIGHT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH FX OF LOWER END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH INJURIES OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNTR	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH INJURIES OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTH INTARTIC FX LOW END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER CARDIOMYOPATHIES	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER CHONDROCALCINOSIS, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	4		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER INSTABILITY, RIGHT WRIST	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER INSTABILITY, UNSPECIFIED WRIST	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT HAND	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	OVERACTIVE BLADDER	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN LEFT ARM	Ancillary	Approved	2		0		0

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WHO COCK-UP NONMOLDE PRE OTS	PAIN IN LEFT WRIST	Ancillary	Approved	10		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT ARM	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT FINGER(S)	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT FOOT	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT HAND	Ancillary	Approved	5		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT WRIST	Ancillary	Approved	11		0		0
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN UNSPECIFIED WRIST	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PARESTHESIA OF SKIN	Ancillary	Approved	7		0		0
WHO COCK-UP NONMOLDE PRE OTS	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PRIMARY OSTEOARTHRITIS, RIGHT WRIST	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	SLTR-HARIS TYPE II PHYSL FX LOWER END RAD, RIGHT ARM, INIT	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	SNORING	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	SOFT TISSUE DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNR	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	STRAIN OF UNSP MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, INIT	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	TORUS FRACTURE OF LOWER END OF LEFT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	TORUS FRACTURE OF LOWER END OF RIGHT RADIUS, INIT	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	TORUS FX LOWER END OF LEFT RADIUS, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	5		0		0
WHO COCK-UP NONMOLDE PRE OTS	TORUS FX LOWER END OF R RADIUS, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND, INIT	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF LOWER END OF RIGHT ULNA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF SHAFT OF LEFT ULNA, INIT FOR CLOS FX	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF THE LOWER END OF LEFT RADIUS, INIT	Ancillary	Approved	2		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Approved	4		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOWER END LEFT RAD, SUBS FOR CLOS FX W MALUNION	Ancillary	Approved	1		0		0

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WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUNTN HEAL	Ancillary	Approved	5		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNR	Ancillary	Approved	3		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNR	Ancillary	Approved	5		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	6		0		0
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	Ancillary	Approved	4		0		0
WHOLE MITOCHONDRIAL GENOME	AUTISTIC DISORDER	Ancillary	Approved	2		0		0
WHOLE MITOCHONDRIAL GENOME	AUTISTIC DISORDER	Ancillary	Denied	6	Services are not medically necessary	6		0
WHOLE MITOCHONDRIAL GENOME	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
WHOLE MITOCHONDRIAL GENOME	DIZZINESS AND GIDDINESS	Pediatrics	Denied	1	Services are not medically necessary	1		0
WHOLE MITOCHONDRIAL GENOME	EHLERS-DANLOS SYNDROMES	Ancillary	Denied	2	Services are not medically necessary	2		0
WHOLE MITOCHONDRIAL GENOME	FALL FROM PLAYGRND EQUIP	Ancillary	Approved	1		0		0
WHOLE MITOCHONDRIAL GENOME	MILD INTELLECTUAL DISABILITIES	Ancillary	Denied	1	Services are not medically necessary	1		0
WHOLE MITOCHONDRIAL GENOME	MITOCHONDRIAL METABOLISM DISORDER, UNSPECIFIED	Ancillary	Approved	1		0		0
WHOLE MITOCHONDRIAL GENOME	OTHER FORMS OF NYSTAGMUS	Ancillary	Denied	1	Services are not medically necessary	1		0
WOUND PREP TRK/ARM/LEG	SECONDARY AND UNSP MALIGNANT NEOPLASM OF LYMPH NODE, UNSP	Urology	Approved	2		0		0
WRIST ENDOSCOPY/SURGERY	BENIGN NEOPLASM OF DUODENUM	Ancillary	Approved	1		0		0
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Ancillary	Approved	1		0		0
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Family Medicine	Approved	1		0		0
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	Ancillary	Approved	4		0		0
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Ancillary	Approved	2		0		0
WRIST ENDOSCOPY/SURGERY	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	Ancillary	Approved	1		0		0
WRIST ENDOSCOPY/SURGERY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	1		0		0
XALKORI 200 MG CAPSULE	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	Oncology	Approved	1		0		0
XAQUIL XR TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Denied	1	Services are not medically necessary	1		0
XCAPSL CTRC RMVL CPLX WO ECP	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL CPLX WO ECP	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Approved	3		0		0
XCAPSL CTRC RMVL CPLX WO ECP	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Ancillary	Approved	14		0		0
XCAPSL CTRC RMVL CPLX WO ECP	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	Ancillary	Approved	3		0		0
XCAPSL CTRC RMVL CPLX WO ECP	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	3		0		0
XCAPSL CTRC RMVL CPLX WO ECP	HEMORRHAGE OF ANUS AND RECTUM	Ancillary	Approved	3		0		0
XCAPSL CTRC RMVL CPLX WO ECP	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL CPLX WO ECP	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, BILATERAL	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	Ancillary	Approved	9		0		0
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	AMBULATORY SURGERY CENTER	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	Ancillary	Approved	15		0		0
XCAPSL CTRC RMVL W/O ECP	ANATOMICAL NARROW ANGLE, UNSPECIFIED EYE	Ancillary	Approved	2		0		0

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XCAPSL CTRC RMVL W/O ECP	ANTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	Ancillary	Approved	3		0		0
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	Ancillary	Approved	25		0		0
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	Ancillary	Approved	23		0		0
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	Facility	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	AMBULATORY SURGERY CENTER	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	Ancillary	Approved	25		0		0
XCAPSL CTRC RMVL W/O ECP	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Ancillary	Approved	5		0		0
XCAPSL CTRC RMVL W/O ECP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	GLAUCOMA SECONDARY TO OTH EYE DISORD, R EYE, SEVERE STAGE	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	HYPERSOMNIA, UNSPECIFIED	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	LOCALIZED TRAUMATIC OPACITIES, RIGHT EYE	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	3		0		0
XCAPSL CTRC RMVL W/O ECP	PERSONAL HISTORY OF COLONIC POLYPS	Facility	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	AMBULATORY SURGERY CENTER	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	TOTAL TRAUMATIC CATARACT, LEFT EYE	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	TRACTION DETACHMENT OF RETINA, RIGHT EYE	Ancillary	Approved	1		0		0
XCAPSL CTRC RMVL W/O ECP	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Ancillary	Approved	4		0		0
XCAPSL CTRC RMVL W/O ECP	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Ancillary	Approved	2		0		0
XCAPSL CTRC RMVL W/O ECP	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Ancillary	Approved	2		0		0
XELJANZ	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Behavioral Nurse		0		0	Approved	1
XELJANZ	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Neurology		0		0	Approved	1
XELJANZ	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	Physician		0		0	Approved	1
XELJANZ	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE	Neurology		0		0	Approved	1
XELJANZ 10 MG TABLET	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
XELJANZ 10 MG TABLET	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0

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XELJANZ 10 MG TABLET	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	Gastroenterology	Approved	1		0		0
XELJANZ 10 MG TABLET	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
XELJANZ 10 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED	Gastroenterology	Approved	3		0		0
XELJANZ 10 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
XELJANZ 10 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
XELJANZ 5 MG TABLET		Rheumatology	Approved	1		0		0
XELJANZ 5 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
XELJANZ 5 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
XELJANZ 5 MG TABLET	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
XELJANZ 5 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	6		0		0
XELJANZ 5 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	2		0		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR	Rheumatology	Approved	1		0		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician	Approved	2		0		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	6		0		0
XELJANZ 5 MG TABLET	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS	Rheumatology	Approved	1		0		0
XELJANZ 5 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
XELJANZ XR 11 MG TABLET		Rheumatology	Approved	2		0		0
XELJANZ XR 11 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XELJANZ XR 11 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Physician	Approved	1		0		0
XELJANZ XR 11 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
XELJANZ XR 11 MG TABLET	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
XELJANZ XR 11 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Rheumatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	3		0		0
XELJANZ XR 11 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Nurse Practitioner	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	20		0		0
XELJANZ XR 11 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	4	Services are not medically necessary	4		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Nurse Practitioner	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Physician	Approved	1		0		0

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XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	3		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR	Rheumatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	9		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	3	Services are not medically necessary	3		0
XELODA 150 MG TABLET	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Hematology	Denied	1	Services are not medically necessary	1		0
XELODA 500 MG TABLET	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Oncology	Denied	1	Services are not medically necessary	1		0
XENAZINE 25 MG TABLET	TOURETTE'S DISORDER	Neurology	Approved	1		0		0
XEOMIN	CLONIC HEMIFACIAL SPASM	Dermatology		0		0	Approved	1
XERESE 5%-1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
XERESE 5%-1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XERESE 5%-1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
XERMELo 250 MG TABLET	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Internal Medicine	Approved	1		0		0
XERMELo 250 MG TABLET	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Oncology	Approved	1		0		0
XHANCE	NASAL POLYP, UNSPECIFIED	Behavioral Nurse		0		0	Approved	1
XHANCE 93 MCG NASAL SPRAY		Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
XHANCE 93 MCG NASAL SPRAY	CHRONIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
XHANCE 93 MCG NASAL SPRAY	MODERATE PERSISTENT ASTHMA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	NASAL POLYP, UNSPECIFIED	Allergy/Immunology	Denied	3	Services are not medically necessary	3		0
XHANCE 93 MCG NASAL SPRAY	NASAL POLYP, UNSPECIFIED	Family Medicine	Approved	1		0		0
XHANCE 93 MCG NASAL SPRAY	NASAL POLYP, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	NASAL POLYP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	8		0		0
XHANCE 93 MCG NASAL SPRAY	NASAL POLYP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	11	Services are not medically necessary	11		0
XHANCE 93 MCG NASAL SPRAY	NASAL POLYP, UNSPECIFIED	Physician	Denied	4	Services are not medically necessary	4		0
XHANCE 93 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
XHANCE 93 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Physician	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Physician	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
XHANCE 93 MCG NASAL SPRAY	OTHER GENERAL SYMPTOMS AND SIGNS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	OTHER POLYP OF SINUS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	OTHER POLYP OF SINUS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
XHANCE 93 MCG NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0

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XHANCE 93 MCG NASAL SPRAY	POLYP OF NASAL CAVITY	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	POLYP OF NASAL CAVITY	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
XHANCE 93 MCG NASAL SPRAY	POLYP OF NASAL CAVITY	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
XHANCE 93 MCG NASAL SPRAY	POLYP OF NASAL CAVITY	Physician	Denied	1	Services are not medically necessary	1		0
XIAFLEX 0.9 MG VIAL	INDURATION PENIS PLASTICA	Urology	Approved	1		0		0
XIFAXAN 200 MG TABLET	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET		Internal Medicine	Approved	1		0		0
XIFAXAN 550 MG TABLET	ACUTE AND SUBACUTE HEPATIC FAILURE	Internal Medicine	Approved	1		0		0
XIFAXAN 550 MG TABLET	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	Internal Medicine	Approved	1		0		0
XIFAXAN 550 MG TABLET	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET	BACTERIAL INTESTINAL INFECTION, UNSPECIFIED	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET	DIARRHEA, UNSPECIFIED	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED	Hepatology	Approved	1		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Family Medicine	Approved	2		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Gastroenterology	Approved	7		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Hepatology	Approved	2		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Internal Medicine	Approved	1		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Transplant Hepatology	Approved	4		0		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Cardiovascular Disease	Approved	1		0		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Family Medicine	Approved	1		0		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Approved	7		0		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Physician	Approved	1		0		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XIFAXAN 550 MG TABLET	OTHER CIRRHOSIS OF LIVER	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET	OTHER DISEASES OF STOMACH AND DUODENUM	Gastroenterology	Approved	1		0		0
XIFAXAN 550 MG TABLET	OTHER ENCEPHALOPATHY	Gastroenterology	Approved	2		0		0
XIFAXAN 550 MG TABLET	OTHER SPECIFIED DISEASES OF INTESTINE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XIFAXAN 550 MG TABLET	UNSPECIFIED CIRRHOSIS OF LIVER	Gastroenterology	Approved	2		0		0
XIFAXAN 550 MG TABLET	UNSPECIFIED CIRRHOSIS OF LIVER	Gastroenterology	Denied	1	Services are not medically necessary	1		0
XIGDUO XR 5 MG-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
XIGDUO XR 5 MG-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
XIGDUO XR 5 MG-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
XIGDUO XR 5 MG-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
XIGDUO XR 5 MG-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
XIGDUO XR 5 MG-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
XIIDRA 5% EYE DROPS	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Optometry	Denied	1	Services are not medically necessary	1		0
XIMINO ER 90 MG CAPSULE	ACNE VULGARIS	Dermatology	Approved	1		0		0
XIMINO ER 90 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
X-LINKED INTELLECTUAL DBLT	AUTISTIC DISORDER	Ancillary	Denied	2	Services are not medically necessary	2		0
XOLAIR	IDIOPATHIC URTICARIA	Gastroenterology		0		0	Approved	1
Xolair	Idiopathic urticaria	Psychiatry		0		0	Approved	1
XOLAIR	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics		0		0	Approved	1
XOLAIR	OTHER URTICARIA	Dermatology		0		0	Approved	1

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XOLAIR 150 MG VIAL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
XOLAIR 150 MG VIAL	IDIOPATHIC URTICARIA	Allergy/Immunology	Approved	21		0		0
XOLAIR 150 MG VIAL	IDIOPATHIC URTICARIA	Pediatrics	Approved	1		0		0
XOLAIR 150 MG VIAL	IDIOPATHIC URTICARIA	Pediatrics	Denied	2	Services are not medically necessary	2		0
XOLAIR 150 MG VIAL	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG VIAL	MODERATE PERSISTENT ASTHMA WITH STATUS ASTHMATICUS	Pulmonary Disease	Approved	1		0		0
XOLAIR 150 MG VIAL	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG VIAL	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG VIAL	OTHER ASTHMA	Allergy/Immunology	Approved	2		0		0
XOLAIR 150 MG VIAL	OTHER ASTHMA	Pulmonary Disease	Approved	1		0		0
XOLAIR 150 MG VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG VIAL	OTHER URTICARIA	Allergy/Immunology	Approved	5		0		0
XOLAIR 150 MG VIAL	OTHER URTICARIA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG VIAL	SEVERE PERSISTENT ASTHMA	Pediatric Allergy & Immunology	Approved	1		0		0
XOLAIR 150 MG VIAL	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Approved	1		0		0
XOLAIR 150 MG VIAL	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy	Approved	1		0		0
XOLAIR 150 MG VIAL	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	5		0		0
XOLAIR 150 MG VIAL	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
XOLAIR 150 MG VIAL	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG VIAL	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
XOLAIR 150 MG VIAL	URTICARIA, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Allergy/Immunology	Approved	13		0		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Dermatology	Approved	2		0		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Physician	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Rheumatology	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG/ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Allergy & Immunology	Denied	3	Services are not medically necessary	3		0
XOLAIR 150 MG/ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	2		0		0
XOLAIR 150 MG/ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG/ML SYRINGE	OTHER URTICARIA	Dermatology	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatric Pulmonology	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	2		0		0
XOLAIR 150 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Physician	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	2		0		0
XOLAIR 150 MG/ML SYRINGE	URTICARIA, UNSPECIFIED	Dermatology	Approved	2		0		0
XOLAIR 150 MG/ML SYRINGE	URTICARIA, UNSPECIFIED	Physician Assistant	Approved	1		0		0
XOLAIR 75 MG/0.5 ML SYRINGE		Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOLAIR 75 MG/0.5 ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	2		0		0
XOLAIR 75 MG/0.5 ML SYRINGE	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pediatric Allergy & Immunology	Approved	1		0		0
XOPENEX	UNSPECIFIED ASTHMA, UNCOMPLICATED	Cardiac Electrophysiology		0		0	Approved	1
XOPENEX HFA 45 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
XOPENEX HFA 45 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
XOPENEX HFA 45 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0

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XOPENEX HFA 45 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
XOPENEX HFA 45 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
Xospata	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Emergency Medicine		0		0	Approved	1
XOSPATA 40 MG TABLET	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Hematology	Denied	1	Services are not medically necessary	1		0
X-RAY AORTA LEG ARTERIES	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	1		0		0
X-RAY EXAM CHEST 1 VIEW	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
X-RAY EXAM L-2 SPINE 4/>VWS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	HOSPITAL	Approved	1		0		0
X-RAY EXAM NECK SPINE 2-3 VW	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
X-RAY EXAM OF JAW <4VIEWS	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
X-RAY EXAM OF KNEE 1 OR 2	DISP FX OF MED CONDYLE OF R TIBIA, 7THD	ORTHOPEDIC SURGERY	Approved	1		0		0
X-RAY EXAM OF KNEE 3	DISP FX OF MED CONDYLE OF R TIBIA, 7THD	ORTHOPEDIC SURGERY	Approved	1		0		0
X-RAY EXAM OF NECK	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
X-RAY EXAM OF SHOULDER	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	DIAGNOSTIC RADIOLOGY	Approved	1		0		0
X-RAY EXAM OF TEETH	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
X-RAY URETHRA/BLADDER	DENTAL CARIES, UNSPECIFIED	Facility	Approved	1		0		0
X-RAY URETHRA/BLADDER	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	Facility	Approved	1		0		0
X-RAY URETHRA/BLADDER	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	1		0		0
X-RAY XM ESOPHAGUS 1CNTRST	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
X-RAY XM SWLNG FUNCJ C+	DENTAL CARIES, UNSPECIFIED	Facility	Approved	1		0		0
X-RAY XM SWLNG FUNCJ C+	DYSPHAGIA, UNSPECIFIED	Facility	Approved	2		0		0
X-RAY XM SWLNG FUNCJ C+	FEEDING DIFFICULTIES	Facility	Approved	1		0		0
X-RAY XM SWLNG FUNCJ C+	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
X-RAY XM UP R GI TRC 1CNTRST	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	Emergency Medicine	Approved	1		0		0
XTAMPZA ER 13.5 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
XTAMPZA ER 13.5 MG CAPSULE	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	2		0		0
XTAMPZA ER 13.5 MG CAPSULE	OTH FRACTURE OF RIGHT PATELLA, SUBS FOR CLOS FX W DELAY HEAL	Pain Management	Approved	1		0		0
XTAMPZA ER 13.5 MG CAPSULE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Pain Management	Approved	2		0		0
XTAMPZA ER 18 MG CAPSULE	OTHER CHRONIC POSTPROCEDURAL PAIN	Physical Medicine	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Internal Medicine	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
XTAMPZA ER 27 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
XTAMPZA ER 27 MG CAPSULE	OTHER SPONDYLOSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
XTAMPZA ER 27 MG CAPSULE	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	Anesthesiology	Approved	1		0		0
XTAMPZA ER 36 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Approved	3		0		0
XTAMPZA ER 36 MG CAPSULE	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	2		0		0
XTAMPZA ER 36 MG CAPSULE	LOW BACK PAIN	Psychiatry	Approved	1		0		0
XTAMPZA ER 36 MG CAPSULE	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Physical Medicine	Approved	1		0		0

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XTAMPZA ER 36 MG CAPSULE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
XTAMPZA ER 36 MG CAPSULE	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Family Medicine	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE		Physical Medicine	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	CHRONIC PAIN SYNDROME	Internal Medicine	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
XTAMPZA ER 9 MG CAPSULE	CHRONIC PAIN SYNDROME	Physician Assistant	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Anesthesiology	Approved	2		0		0
XTAMPZA ER 9 MG CAPSULE	OTHER SPONDYLOSIS, LUMBAR REGION	Family Medicine	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physical Medicine	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
XTANDI 40 MG CAPSULE	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	1		0		0
XTANDI 40 MG CAPSULE	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	2		0		0
XTANDI 40 MG CAPSULE	MALIGNANT NEOPLASM OF PROSTATE	Physician	Denied	1	Services are not medically necessary	1		0
XTANDI 40 MG CAPSULE	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	1		0		0
		Hospice And Palliative Medicine	Approved	1		0		0
XYLOCAINE-MPF 2% VIAL	COUGH		Approved	1		0		0
XYOSTED	HYPOPITUITARISM	Pediatrics		0		0	Denied	1
XYOSTED	Testicular hypofunction	Dermatology		0		0	Approved	1
XYOSTED	TESTICULAR HYPOFUNCTION	Dermatology		0		0	Denied	1
XYOSTED	TESTICULAR HYPOFUNCTION	Internal Medicine		0		0	Approved	1
XYOSTED	TESTICULAR HYPOFUNCTION	Internal Medicine		0		0	Denied	1
XYOSTED	Testicular hypofunction	Pediatrics		0		0	Approved	1
XYOSTED	TESTICULAR HYPOFUNCTION	Pediatrics		0		0	Denied	1
XYOSTED	TESTICULAR HYPOFUNCTION	Physician		0		0	Denied	1
XYOSTED	TESTICULAR HYPOFUNCTION	Physician Assistant		0		0	Denied	1
XYOSTED 100 MG/0.5 ML AUTO-INJ	OTHER FATIGUE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
		Endocrinology And Metabolism	Denied	3	Services are not medically necessary	3		0
XYOSTED 100 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	4	Services are not medically necessary	4		0
XYOSTED 100 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
XYOSTED 100 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Urology	Approved	2		0		0
XYOSTED 100 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Urology	Denied	3	Services are not medically necessary	3		0
		Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
XYOSTED 50 MG/0.5 ML AUTO-INJ	HYPOPITUITARISM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
		Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
XYOSTED 50 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
XYOSTED 50 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	HYPOPITUITARISM	Internal Medicine	Approved	1		0		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	HYPOPITUITARISM	Internal Medicine	Denied	1	Services are not medically necessary	1		0
		Endocrinology And Metabolism	Denied	5	Services are not medically necessary	5		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	4		0		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	18	Services are not medically necessary	18		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	General Practice	Denied	2	Services are not medically necessary	2		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	4	Services are not medically necessary	4		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Urology	Denied	7	Services are not medically necessary	7		0
XYREM	NARCOLEPSY WITH CATAPLEXY	Surgery, Plastic		0		0	Approved	1
XYREM	NARCOLEPSY WITHOUT CATAPLEXY	Dermatology		0		0	Denied	1

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XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY	Sleep Medicine	Denied	1	Services are not medically necessary	1		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Counseling	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Counseling	Denied	1	Services are not medically necessary	1		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Family Medicine	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Family Nurse Practitioner Primary Care	Approved	3		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Neurology	Approved	10		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Neurology	Denied	2	Services are not medically necessary	2		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Physician	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Psychiatry	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Psychiatry	Denied	1	Services are not medically necessary	1		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Pulmonary Disease	Approved	3		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Sleep Medicine	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITHOUT CATAPLEXY	Family Medicine	Denied	1	Services are not medically necessary	1		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Approved	2		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Denied	1	Services are not medically necessary	1		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITHOUT CATAPLEXY	Nurse Practitioner	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITHOUT CATAPLEXY	Pediatric Neurology	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITHOUT CATAPLEXY	Physician	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	PSYCHOPHYSIOLOGIC INSOMNIA	Neurology	Approved	1		0		0
XYZAL 5 MG TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
YUPELRI 175 MCG/3 ML SOLUTION	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ZARXIO 480 MCG/0.8 ML SYRINGE	NEUTROPENIA, UNSPECIFIED	Hematology	Approved	1		0		0
ZEGERID 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ZEJULA 100 MG CAPSULE	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	Gynecologic Oncology	Approved	1		0		0
ZEJULA 100 MG CAPSULE	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	Gynecologic Oncology	Approved	1		0		0
ZELBORAF 240 MG TABLET	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	Internal Medicine	Approved	1		0		0
ZEMBRACE SYMTOUCH	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management		0		0	Denied	1
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician	Denied	2	Services are not medically necessary	2		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0

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ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	Physician	Approved	1		0		0
ZENPEP DR 15,000 UNIT CAPSULE	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS	Gastroenterology	Approved	1		0		0
ZENPEP DR 15,000 UNIT CAPSULE	OTHER CHRONIC PANCREATITIS	Internal Medicine	Approved	1		0		0
ZENPEP DR 20,000 UNIT CAPSULE	CHRONIC VIRAL HEPATITIS C	Family Medicine	Approved	1		0		0
ZENPEP DR 20,000 UNIT CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Family Medicine	Approved	1		0		0
ZENPEP DR 40,000 UNIT CAPSULE	ACQUIRED TOTAL ABSENCE OF PANCREAS	Surgery, General	Approved	1		0		0
ZENPEP DR 40,000 UNIT CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Allergy/Immunology	Approved	1		0		0
ZENPEP DR 40,000 UNIT CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Pediatric Pulmonology	Approved	1		0		0
ZENPEP DR 40,000 UNIT CAPSULE	OTHER CHRONIC PANCREATITIS	Gastroenterology	Approved	1		0		0
ZENPEP DR 40,000 UNIT CAPSULE	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Gastroenterology	Approved	1		0		0
ZENZEDI 20 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Surgery, Orthopedic	Approved	1		0		0
ZENZEDI 20 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ZENZEDI 30 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	General Practice	Approved	1		0		0
ZENZEDI 30 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ZENZEDI 7.5 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
ZEPATIER 50-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ZETONNA 37 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Approved	1		0		0
ZIANA GEL	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ZIANA GEL	ACNE VULGARIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ZIDOVDINE 300 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
ZIDOVDINE 50 MG/5 ML SYRUP	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Pediatric Infectious Disease	Approved	1		0		0
ZILRETTA 32 MG VIAL	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ZIOPTAN 0.0015% EYE DROPS	GLAUCOMA SEC TO OTH EYE DISORD, R EYE, INDETERMINATE STAGE	Ophthalmology	Approved	1		0		0
ZIOPTAN 0.0015% EYE DROPS	OCULAR HYPERTENSION, BILATERAL	Optometry	Approved	1		0		0
ZIOPTAN 0.0015% EYE DROPS	OCULAR HYPERTENSION, BILATERAL	Optometry	Denied	1	Services are not medically necessary	1		0
ZIOPTAN 0.0015% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Approved	1		0		0
ZIOPTAN 0.0015% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Optometry	Approved	1		0		0
ZIOPTAN 0.0015% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ophthalmology	Approved	1		0		0
ZIOPTAN 0.0015% EYE DROPS	UNSPECIFIED OPEN-ANGLE GLAUCOMA, STAGE UNSPECIFIED	Ophthalmology	Approved	1		0		0
ZIPSOR 25 MG CAPSULE	ACUTE POST-THORACOTOMY PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	CHRONIC PAIN SYNDROME	Surgery, Orthopedic	Approved	1		0		0
ZIPSOR 25 MG CAPSULE	LOW BACK PAIN	Anesthesiology	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	LOW BACK PAIN	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	LOW BACK PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	OTHER CHRONIC PAIN	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decisio	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
ZIPSOR 25 MG CAPSULE	PAIN IN RIGHT WRIST	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	POSTHERPETIC POLYNEUROPATHY	Sports Medicine	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	POSTHERPETIC POLYNEUROPATHY	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	RADICULOPATHY, CERVICAL REGION	Neurology	Denied	1	Services are not medically necessary	1		0
ZIPSOR 25 MG CAPSULE	RADICULOPATHY, CERVICAL REGION	Surgery, Neurological	Approved	1		0		0
ZIPSOR 25 MG CAPSULE	SPINAL STENOSIS, CERVICAL REGION	Pain Management	Approved	1		0		0
ZOFRAN 4 MG TABLET	NAUSEA	Physician	Denied	1	Services are not medically necessary	1		0
ZOFRAN 4 MG TABLET	NAUSEA WITH VOMITING, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ZOHYDRO ER 10 MG CAPSULE	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
ZOHYDRO ER 10 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
ZOHYDRO ER 10 MG CAPSULE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Denied	1	Services are not medically necessary	1		0
ZOHYDRO ER 10 MG CAPSULE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Physical Medicine	Approved	1		0		0
ZOHYDRO ER 15 MG CAPSULE	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
ZOHYDRO ER 15 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Approved	1		0		0
ZOHYDRO ER 15 MG CAPSULE	RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
ZOLADEX 10.8 MG IMPLANT SYRN	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ZOLADEX 3.6 MG IMPLANT SYRN	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
ZOLEDRONIC ACID 1MG	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Approved	7		0		0
ZOLEDRONIC ACID 1MG	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Family Medicine	Approved	1		0		0
ZOLEDRONIC ACID 1MG	MALIGNANT NEOPLASM OF PROSTATE	Family Medicine	Approved	2		0		0
ZOLEDRONIC ACID 1MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Family Medicine	Approved	1		0		0
ZOLEDRONIC ACID 1MG	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
ZOLEDRONIC ACID 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	4		0		0
ZOLEDRONIC ACID 1MG	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	Family Medicine	Approved	1		0		0
ZOLEDRONIC ACID 1MG	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	1		0		0
ZOLEDRONIC ACID 1MG	RETINAL DETACHMENT WITH MULTIPLE BREAKS, RIGHT EYE	Family Medicine	Approved	1		0		0
ZOLEDRONIC ACID 1MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Family Medicine	Approved	1		0		0
ZOLMITRIPTAN 2.5 MG ODT	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ZOLMITRIPTAN 2.5 MG TABLET	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ZOLMITRIPTAN 5 MG TABLET	HEADACHE	Reproductive Endocrinology/Infertility	Approved	1		0		0
ZOLOFT 25 MG TABLET	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
ZOLPIDEM TART ER 6.25 MG TAB	INSOMNIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ZOMACTON 10 MG VIAL	HYPOPITUITARISM	Pediatric Endocrinology	Denied	4	Services are not medically necessary	4		0
ZOMIG 2.5 MG NASAL SPRAY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
ZOMIG 2.5 MG NASAL SPRAY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 2.5 MG NASAL SPRAY	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ZOMIG 2.5 MG NASAL SPRAY	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatrics	Approved	1		0		0

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ZOMIG 2.5 MG NASAL SPRAY	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 2.5 MG NASAL SPRAY	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
ZOMIG 2.5 MG TABLET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY		Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC POST-TRAUMATIC HEADACHE, NOT INTRACTABLE	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	3	Services are not medically necessary	3		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	Neurology	Denied	1	Services are not medically necessary	1		0
ZONALON 5% CREAM	OTHER PRURITUS	Dermatology	Approved	1		0		0
ZONEGRAN 100 MG CAPSULE	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
ZORTRESS 0.5 MG TABLET	LIVER TRANSPLANT STATUS	Surgery, General	Approved	4		0		0
ZORVOLEX 35 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	1	Services are not medically necessary	1		0
ZORVOLEX 35 MG CAPSULE	CHRONIC PAIN SYNDROME	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ZORVOLEX 35 MG CAPSULE	PAIN IN RIGHT HIP	Family Medicine	Denied	1	Services are not medically necessary	1		0

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ZOVIRAX	Other specified disorders of the male genital organs	Family Medicine		0		0	Denied	1
ZOVIRAX 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ZOVIRAX 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
ZOVIRAX 5% CREAM	ZOSTER WITHOUT COMPLICATIONS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ZTLIDO 1.8% TOPICAL SYSTEM	CHRONIC PAIN SYNDROME	Family Nurse Practitioner	Approved	1		0		0
ZTLIDO 1.8% TOPICAL SYSTEM	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Pain Management	Approved	1		0		0
ZTLIDO 1.8% TOPICAL SYSTEM	POSTHERPETIC TRIGEMINAL NEURALGIA	Pain Management	Approved	1		0		0
ZTLIDO 1.8% TOPICAL SYSTEM	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
ZURAMPIC 200 MG TABLET	IDIOPATHIC GOUT, RIGHT ANKLE AND FOOT	Physician Assistant	Approved	1		0		0
ZYCLARA 3.75% CREAM PUMP	ACTINIC KERATOSIS	Physician	Denied	1	Services are not medically necessary	1		0
ZYPITAMAG 1 MG TABLET	MIXED HYPERLIPIDEMIA	Internal Medicine	Denied	3	Services are not medically necessary	3		0
ZYPITAMAG 4 MG TABLET	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ZYPREXA 7.5 MG TABLET	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	Physician	Denied	1	Services are not medically necessary	1		0
ZYRTEC-D TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
ZYTIGA 250 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Internal Medicine	Approved	2		0		0
ZYTIGA 250 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0
ZYTIGA 500 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Hematology	Approved	1		0		0
ZYTIGA 500 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	2		0		0
ZYVOX 100 MG/5 ML SUSPENSION	GRAM-NEGATIVE SEPSIS, UNSPECIFIED	Infectious Disease	Approved	1		0		0
ZYVOX 600 MG TABLET		Dermatology	Approved	1		0		0
ZYVOX 600 MG TABLET	CELLULITIS OF CHEST WALL	Physician	Approved	1		0		0
ZYVOX 600 MG TABLET	INFECTIVE MYOSITIS, UNSPECIFIED FOREARM	Infectious Disease	Approved	1		0		0
ZYVOX 600 MG TABLET	ISCHEMIC CARDIOMYOPATHY	Cardiovascular Disease	Approved	1		0		0
ZYVOX 600 MG TABLET	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	Physician Assistant	Approved	1		0		0
ZYVOX 600 MG TABLET	PERFORATION OF INTESTINE (NONTRAUMATIC)	Infectious Disease	Approved	1		0		0
ZYVOX 600 MG TABLET	SEVERE SEPSIS WITH SEPTIC SHOCK	Family Nurse Practitioner	Approved	1		0		0